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THE DEAN AND THE PSYCHIATRIST: A SYMPOSIUM

AT the Thirty-fourth Annual Meeting of the National Association of Student Personnel Administrators held at Colorado Springs, Colorado, in April, 1952, the general theme of the conference was, "How Can We Effectively Develop a Sense of Higher Standards of Personal Integrity and Individual Responsibility in the University and College Community?" The association is made up of deans of major colleges and universities throughout the United States, and they brought to the discussion of this topic a wide variety of convictions and experience, all testifying to its importance.

Of particular significance to mental hygiene was the fact that one half-day session, and parts of others, were devoted to the mutual problems encountered by deans and psychiatrists as they work toward the improvement of the educational environment in their various institutions. The four papers that follow are based, in large part, on discussions given before that group. Though diverse in origin, they illustrate a common point of view that is gradually developing in American colleges toward the mental-health problems of college students, and the educational methods that may be used to meet them.

THE DEAN AND THE PSYCHIATRIST

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A DEAN, by origin and tradition, is an ecclesiastical official connected with a cathedral of the Church of England. He is subordinate to the bishop, whose energies are more properly reserved for spiritual concerns. The dean is re-

sponsible for the fabric of the cathedral, for the proper conduct of ritual, for the relation of the cathedral to the immediate community, and for all the agencies through which the spiritual authority of the bishop is expressed. Occasionally, in the absence of the bishop, he rises to high spiritual themes, and may even preach the sermon. He should be capable of this, without seeming to be too obviously absorbed in material and mechanical details.

It was a natural historical development that colleges and universities should have taken over much of ecclesiastical organization, and as long as their purposes were fundamentally religious, the analogy between the president and the bishop, the dean of the college and the dean of the cathedral, was fairly close. In so far as the college dean is a traditionalist he is a symbol of authority that comes from above. He represents the ideals of our Puritan forefathers, of the religious organizations that have maintained so many colleges in this country, of the established communities in which the colleges are situated, of the parents who wish their children to assume their proper place in a well-ordered society, and of alumni who have grateful memories of the dear old dean who rebuked them sternly, but lovingly, when a boy and a girl rode recklessly down the campus hill together, two on a sled.

Intellectually, the dean's traditions are with the faculty. He has usually gone through the selective processes of the Ph.D.; he is acquainted with research; he knows the pride of a department in its successful students in the graduate schools; he has usually taught long enough and well enough to be treated with kindly condescension about his lapse into administration. He may descend from philosophy or engineering, literature or physics. He has been selected for personal qualities rather than professional training. He has strong sympathies with the faculty in their belief that intellectual training is the first purpose of the college, and that disturbing elements in student life are to be taken into account if and when they seem to interfere with the work of the intellect.

But the dean is a strong character if he can long observe students, parents, and alumni and maintain his faith that the college produces its chief effect through the intellect. Whatever his creed, he must stand up to all the questions of the

erites of the college. Why has this Utopia, this Garden of Eden, where only well-qualified students are permitted to enter, where carefully trained teachers pour out knowledge and learning, where the wisdom of the ages is available in libraries—why has this Utopia allowed the serpent to enter? Why do so many students resist everything but temptation? Why do they offend their elders by bad taste, bad dress, vulgar displays of affection, insolent defiance of long-cherished beliefs, strange and hot radicalisms, violent assertions of independence, impatience with all distinctions of class and caste, race and religion? Why do so many in their private lives seem so full of divided aims, hesitant purposes, insomnia, and youthful melancholy?

Some deans will find the answer to all this in the decay of traditions, in the loss of moral fiber, the decline in parental responsibility, the paternalism of government, and the general state of the world which youth is about to inherit; they will strengthen their public exhortations, stiffen their rules, and call for a revival of religion. All this will naturally raise questions about the responsibility of the dean for morals and morale. These responsibilities are the subject of troubled discussion at "deans" meetings, and from many questionnaires have evolved many papers on the fifty-four duties of the dean. For the purpose of this discussion we shall include only his inevitably moral duties of selecting students, advising them, and rewarding and punishing them.

The dean's office is ultimately responsible for administering whatever admissions policies are agreed upon by the board of trustees, the faculty, and the administration. The college standards of work and conduct are probably more largely determined by the character of the students accepted for entrance than by rules or requirements imposed afterward.

After the student has begun his college career, the dean's office attempts to organize the advice, the rewards, or the punishments bestowed upon him according to his condition. The first advice is likely to concern the selection of courses, their relation to his widening intellectual horizon, and to his possible future profession. Later he may be troubled by mistakes in his first choice of courses, by failure to achieve satisfactory grades, by difficulties in human relations, by problems in the selection of activities for participation in com-

munity life, and by changing ideas about the choice of a career. Much of the advice of the dean's office also concerns organizations and rules. The dean is concerned with faculty rules, house rules, fraternity regulations, constitutions for social and political organizations, literary and artistic groups, and the increasingly powerful student government.

Students who have been conspicuously successful in this closely knit academic and community life are rewarded with membership in various honor societies, with inclusion in deans' lists, with special awards and prizes; with scholarships according to their achievements, their needs, and the college resources, and with reasonably accurate and complete recommendations to graduate schools, to future employers, and to the F.B.I. Students who are unsuccessful in their work, their human relations, or whose conduct is unacceptable, are advised or warned, put on probation, and, when necessary, dropped. Their records and recommendations constitute a special difficulty in presenting a truthful account which allows for adolescent changes and future possibilities.

It is obvious that great differences of spirit may prevail in these processes of admitting, advising, rewarding, and punishing. It is still possible, perhaps, for an authoritarian personality to dominate all these situations with the strength of his convictions, especially if he has a small, closely knit community supporting him. But the authoritarian dean is becoming more and more of an anachronism. All policies for admitting, advising, rewarding, and punishing are highly controversial, are profoundly influenced by climates of opinion, by conflicting human values, and by the democratic belief in general community participation.

The admissions policies and procedures, for instance, are the subject of continuous debate at educational meetings of school principals, headmasters, college presidents and admissions officers, testing authorities, and national groups for fighting discrimination. There are also the constant unofficial criticisms from parents and alumni. The general theories, the administrative processes, and the results are subject to continuous examination.

Student advising is now the subject of an extensive literature. The faculty advisers appointed by the dean are criticized as not knowing enough beyond the confines of their

own specialty, as insufficiently interested in their students, as overworked by their own teaching and research, as in general doing an indifferent and amateurish job in a situation that calls for professional training. Students ask to be included among the advisers, and in some cases have been conspicuously successful. Subdivisions in guidance counseling appear, as, for instance, the academic counselor, the personnel worker, and the vocational-guidance expert, the speech and remedial-reading clinicians; and there are here, of course, the usual dangers of over-specialization.

The methods of recognizing and rewarding the successful, which would seem to be the easy and grateful part of a dean's concerns, have their complications, too. The dean's list is assailed as producing too much academic competition, as having a frustrating effect on those not so recognized. Honorary organizations have their standards and their usefulness assailed. Students dare not wear their medals, and there are revolts against keys of all sorts. Honors once highly prized are viewed with amusement by the next generation, and a new consideration is given to the effect of honors on the unhonored.

Probably the greatest changes have occurred in the area of punishment, or the enforcement of rules. The regulations to be enforced change with such rapidity that students like to publish rule books with humorous footnote references to the quaint and absurd ideas of ten years ago. It is a little difficult to evade the implication that time will soon make to-day's rules quaint and absurd, and there will always be students to insist that the college is a full generation behind the times.

Not only do the rules change, but attitudes toward violators change. Even the college freshman is very sophisticated psychologically to-day, if only as a result of news-stand articles, and he is much more interested in why a rule or custom has been violated than in what is to be done about it.

"Why shouldn't he get drunk?" he asks indignantly. "His father wants him to study medicine!"

The dean may be the chairman of the disciplinary committee, but the students are well represented and they are likely to challenge any rule and to explore sympathetically and philosophically every motive for violating it.

In all the principal functions the dean is asked to perform, the authority of tradition is questioned, the authoritarian per-

sonality arouses revolt, the democratic method compels careful consideration of conflicting views of different elements of the college constituency, and the problems have to be solved in the light of a scientific, but sympathetic comprehension of human behavior.

If the dean had been appointed as a trained psychologist, he might take all this as a matter of course, but he still retains many of the characteristics of the constituency that appointed him. He is very likely to see his problems as arising from a wicked failure of the students to conform to rules of conduct based on experience, reason, and religion. He is prone to view the offender with righteous indignation; if the sinner only would, he could examine his mind and conduct with his reason, and change himself by using his will.

It is this conviction about the power of the will that makes him scrutinize with care the psychological approach. The psychiatrist, he has heard, has a naturalistic view of human behavior; he has been accused of being more concerned with biological origins than with ideal destinies. He may explain why a student acts as he does, but he seems very slow in bringing about decisive reforms; his theories of the unconscious seem to undermine his faith in the freedom of the will; what place is there in the psychiatrist's technique for looking a student in the eye and telling him that he can and must straighten up immediately? If a distinguished psychiatrist can be quoted as saying that the best wisdom for living is to be found in the Sermon on the Mount, there would seem to be no reason why a dean should not quote and apply that source of wisdom as occasion arises, and do it after his own manner.

But here our dean has some qualms. He has often felt that he was attempting some degree of control over a generation that does not speak his language; he has even come to wonder if the Sermon on the Mount is outdated. If the psychiatrists are now taking it up, he thinks, it may be that they have some new manner of applying it. He has loved to quote the Sermon as a means of bringing about a conviction of sin. He has laid it on from above, with a demand for repentance. But he understands that psychiatrists, within the limits of their science, do not apply anything from above.

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Apparently the method is to gain as complete an understanding of the individual as possible, and lead him to an insight that grows out of his own experience. As old as Socrates, he thinks. But this, perhaps, is the meaning of a new phrase that he has not quite understood—the progress from authority to therapy. Perhaps it is not so much abandoning ancient values as abandoning the methods of enforcing them. Perhaps these values would be espoused anew by each generation with less revolt if they grew out of a more complete and understanding interpretation of experience. Here is a basis for coöperation with the psychiatrist and it is not a surrendering of values, but a turning to a student of the bases of human nature for more effective techniques of realizing ideals.

With what he hopes is a new insight, the dean reviews his work to see where the advice of the psychiatrist would be most useful. If such a consultant were added to the regular health staff, he could be available to advise the dean informally on many questions of policy and practice. He might meet with faculty and student advisers, with the disciplinary committees, with committees on admissions, and he might lecture to groups of students as well as handling individual cases.

In the admissions process, the questions that the schools answer least satisfactorily about their candidates concern emotional stability. In many cases there is no guidance officer trained to give a dependable appraisal. Even in cases where a full, frank, and adequate account is given, the decision is difficult and requires expert advice. A practical guide is the record of the student's activities. Participation in student government, in athletics, in group undertakings generally, is a pretty safe indication of stability, although the increasingly conscious competition for school leadership is producing many young politicos who are early learning the techniques of riding any cause to prominence, and whose egotism make their leadership of questionable social value.

The top-ranking students, who perhaps compensate for their social deficiencies by intellectual achievements, may later serve society more effectively than some students with immediate and striking "command presence." What proportion of such students would contribute most to the mental health of the community? How equate intellectual stimulus with warm human qualities in producing the best educational atmosphere?

Beyond this, there are always the "queers" and the "creeps" among the applicants, the brilliant rebels against curricular requirements, social conventions, and all current mores. How many of them are helpful in counterbalancing the pressures for community conformity? How many of them would really be benefited by a college experience, how many would benefit the college, and how many would break down and have to be sent away?

These questions are most sanely answered in the give-and-take of committee discussion, but the advice of the psychiatrist would be helpful both in general policies and in individual cases, in advising on the techniques of interviewing, in collecting and interpreting case histories, in bringing to light significant family relationships, and in resisting the pressures to accept unstable individuals at too great a price to the community.

In turning to the advisory functions of the dean, the extensive literature on the subject makes it unnecessary to do more than recount some of the experiences that led one dean to the conviction that the advisers themselves need more expert advice.

Starting with elementary routine, faculty members report at mid-term the students who are failing in their work, or who seem to be dangerously low—frequently with illuminating comments. These lists will usually include about one-fourth of the entering student enrollment as having serious difficulties with from one to three or four subjects. The list is studied in the light of secondary-school records and aptitude scores made in the college-entrance-board examinations, and it is usual to find that well over half of these students have superior ability. The search for causes of failure proceeds through teachers, faculty, and student advisers, dormitory proctors, athletic coaches, and culminates in conferences with the student himself. The record of low academic standing brings with it all sorts of problems, extending far back into the student's past, and affecting all his human relationships.

There are the students who are struggling against parental pressures toward particular professions, frequently medicine, law, or engineering. Others have no profession in mind, but have little interest in studying anything unless they can see immediately where it will get them. With such students, early

vocational motivation seems to be a necessity. A curriculum designed to explore various areas of knowledge has no appeal to them, but if tests can show them an unsuspected aptitude, they will follow the clue contentedly and often energetically. Others may have developed an enthusiasm for the laboratory along with the pleasures of tinkering with the radio and the family car. This, however, often proves to be only a passing phase of their development, and with a loss of interest in laboratory science goes a loss of security in a job, and the readjustment is painful.

The shocks incurred in courses in philosophy, psychology, and literature, which are often discussed as serious intellectual difficulties, are not usually upsetting unless there has been a disturbed personality before, but the students who assign their disturbances to philosophical ideas have to be met on the intellectual level; they often deeply resent any suggestion that their past development needs to be examined psychologically. If they must give up their early quest for certainty, a whole new motivation must be established to support any quest at all.

The young writers very frequently have academic difficulties. They often view the curriculum as furnishing either models or materials for creative writing. They expect to transform any material they absorb into their artistic creations; any knowledge that does not seem to have such possibilities they reject. Examinations are inflexible, objective, and repellent; they ask themselves whether a college degree is worth such martyrdom. Their unhappiness is often increased by a sense of loneliness and isolation. They have a contempt for many of the interests and activities of their classmates, but feel their own lack of participation as keenly as if they really wanted to be presidents of fraternities.

Youthful melancholy and depression are especially common among the exceptionally able students. It would require a treatise the length of Burton's seventeenth-century *Anatomy of Melancholy* to discuss their causes adequately. A few examples will illustrate the problems that come to the dean's office. A boy who thought he came to college to construct a theory of the universe hastily concluded that his courses were irrelevant and left college in despair. A very able student with A and B grades thought that his professors were in a

conspiracy to fool him, and that they would tell him the bitter truth about his lack of ability just before time for graduation. A student who felt his loneliness heightened by the hurly-burly of dormitory life and the gaiety of college dances withdrew to build himself a den and workshop in his father's barn. The lad who had a passionate desire for all experience, and who could not carry out his devotion to the fine arts because of his anxiety about his neglect of physics, had to be hospitalized. An able young scientist, over-conscientious about his work, was seized with a feeling that he was not worth his space in the laboratory. The feeling became so acute that he went to the infirmary, drank poison, and went to the dean's office to tell him that he wouldn't be in the way any more. Luckily the stomach pump was successful. A girl involved in a triangle eliminated herself by jumping in front of a train just after she finished reading *Anna Karenina*. Such cases seem to be adolescent problems of college life, but they all have their roots in childhood years. These students usually regard themselves as unique and misunderstood; they could gain much from a general study of the bases of personality, and from the individual help of the psychiatrist.

A much larger group of students, with more fighting spirit, express their rebellions, repressions, and frustrations through a fierce determination to reform the world immediately. Most of these students come from comfortable and prosperous backgrounds, and very often from homes in which one or both the parents have achieved a conspicuously successful place in society. Literature, of course, is full of examples of dominating parents and rebellious children, but writers usually manage their conflicts artfully and dramatically enough to make a somewhat tragic ending seem inevitable. They also, perhaps unintentionally, give the impression that these are exceptional cases. Only one who has followed some such routine as interviewing parents and children before college entrance and during the college years has an idea of the amount of pent-up rebellion against fathers and mothers, and can understand the attractiveness of any ideas that justify the individual in revolt.

Many of these students when at home have had to suffer in silent resentment. In college they form their opinions in the company of their own age and, confident of support, they

suddenly become highly articulate. The parents then wonder what the college is teaching and what their children are allowed to read. An angry father came to the college to complain that his son was showing an interest in Communist literature; he admitted that the boy had been a natural rebel from an early age, that he had seemed to hate all the conventions of the circles in which the family moved, that he had been unwilling to spend a summer at home since he was fifteen, that he had rebelled against every boss in every job and against all the officers in the army, but the father wanted to start an investigation of the boy's major department to find out who permitted him to read Karl Marx.

These young leaders of revolt are often outraged if it is suggested that they are seeking compensation for their personal disappointments in the exhilaration of joining mass movements; they will deny this while pouring out a not always unjustifiable scorn upon the "contented cows" of the fraternities, who have found life comfortable enough by conforming to the amenities. They enjoy conspicuously informal dress on formal occasions. They know how to dress in the most sophisticated fashion when they care to do so, and they resent appeals for a greater conformity as mere trivia when the world is so full of injustices that ought to absorb the attention of their elders. It seems merely evading the burning issues of modern life to suggest that a worker for social justice might be more effective if he were well-mannered and well-dressed.

Another challenge to the dean and the constituency he represents comes from the questions that arise regarding the relation of the sexes. A recent student editorial complained that the only advice an administrative officer had about sex was "don't." A mother complained that her daughter had been asked by her teacher to read contemporary novels, but that when a companionate marriage had been experimented with, the couple had been dismissed. It was suggested that the college authorities should either ban all contemporary discussion of sex from the campus, or that advanced ideas, whatever they are, should be officially adopted as the approved practice of the college community.

Students ask the dean if he has read the Kinsey report and what he thinks of it. They ask why the institution of chap-

erongage should be continued when it is so easily and constantly escaped. They ask why social life between the sexes should so constantly consist of being herded in large groups when their desire is to be alone in a room together, to listen to records, to discuss books, to get away from small talk, and to share together all their generous ardors. These privileges, some of them say, they have had in their homes with entire approval; why should dormitory rooms—the student homes—be sealed against visitors of the other sex? Why should women have to sign out when men do not? Why should not college men and women be given the wisest possible instruction as to dating and mating, and then be left to take care of their own relationships, with a recognition of their right to be alone when they please? They point to the rules of twenty-five years ago and ask if we shall not be just as ridiculous twenty-five years hence. They quote from cultural anthropology, and ask what eternal sanctions support the Puritan traditions. They express their affections on the springtime campus in a free and casual way, which suggests a complete lack of concern about the presence of others and a pagan lightheartedness about it all.

And yet with all this brave assertion of their entire ability to take care of themselves, they are often deeply troubled. They have not achieved freedom from their possessive instincts, they are hounded by jealousies; and they find that some of the old restrictions have as deep a basis in their instincts as the desires that lead to the new freedom. The flame of idealism burns as brightly as ever, and love does not seem to be love if it does not promise to last forever—"bear it out even to the edge of doom." How can these passionate desires of college years be free from the cold damp of caution and convention and yet lead to the fulfillment of happy and responsible family living? What experiences, or lack of them, can the dean really recommend?

Obviously the questions that must be answered in the course of the counseling processes cover a wide range and demand a combination of common sense with a variety of specialized trainings. In the general coördination of the efforts to apply some collective wisdom to the problems of the student, the dean represents the institutional point of view, but he should

learn a great deal from the psychiatrist about individual patterns of behavior.

Now to turn to the remaining functions of the dean's office—rewarding and punishing. As has been suggested, many of the rewards in college life are in the hands of traditional organizations that are beyond the dean's sphere of influence, although he inevitably has to deal with many of the problems they create. Elections to honorary societies such as Phi Beta Kappa and Sigma Xi are usually in the hands of the faculty, and their awards are probably as just as they ever can be. Students protect themselves very readily from an inferior status, however, and are quick to point out the limitations of the honored scholars with such questions as, "Who would want to belong to that group?" Such questions may be unjustified defensive rationalizations, but they suggest that conspicuous rewards do not compel automatic admiration. The same responses are provoked by deans' lists and distinctions between honors and pass students.

The honors bestowed by the students themselves affect greater numbers and raise some of the same questions. Certain types of elective honorary organizations have flourished with selective practices of refined cruelty, and with traditional mumbo-jumbo ceremonies that now arouse the ridicule of undergraduates. They are being transformed or abolished after vigorous struggles with the alumni. The fraternities and sororities reward those who seem to have a due regard for the amenities, who are pleasantly companionable, and who seem to promise additional strength to their organization by a successful career. When the tense rebelliousness of many students is considered, it seems that there should be a legitimate function for some such campus institutions dedicated to relaxation.

How much fraternities add to the sense of frustration among the non-members is hard to say, but there is a notable bitterness in many non-fraternity members who organize to fight race discrimination, economic injustice, and current political abuses. People at ease in Zion are always offensive to the prophets, and it may be that fraternities do not greatly change human traits. Very probably no one type of social organization can be best for every one, but the college has some obligation to see that its community rewards are not so organized

and administered that the struggle for prestige results in immature behavior and false values. Here the social psychologist may coöperate with the psychiatrist and the dean, in working for the mental health of the community.

It is in the area of punishment and discipline that the psychological point of view has most changed the authoritarian procedures of the dean. Even without a psychiatrist to advise him, the students, in their self-government and discipline committees, have let him know how impossible some older approaches have become. The dean is often puzzled by the sternness with which the administration and faculty are viewed as natural foes, and by the contrasting sympathy, understanding, and loving-kindness that the students show for one another. In the case of antagonistic roommates, for example, students are very generally long-suffering and tolerant, and will endure extremes of mental cruelty before asking for a divorce. The pleasure of speculating upon how the roommate got that way often seems to outweigh the inconveniences of his behavior.

This general approach is carried over into nearly all cases of discipline. The question, "Why did he do it?" must receive exhaustive answers before any attention will be turned to what should be done. And in answering this first question, the students amaze the dean with the extent of their information, the fertility of their imagination, and the depths of their sympathy with their fellows in their struggle against an outrageous world. In general they agree with the popular journalist who regarded wholly with pity the basketball players recently convicted of throwing games, as the victims of a society that had made young men want money.

There is not space here to debate the issues between the authoritarian and the therapeutic approach. The practical situation that confronts the dean is that the disciplinary procedures have been so democratized that they must rest upon the approval and confidence of the student body. This means that all rules are subject to constant discussion and revision, and that there must be a flow of information to the disciplinary bodies to prevent the growth of a tradition of violation of rules, as apparently happened at West Point.

If this information is not to come from a resented "spy" system, it must come from a broadly based counseling pro-

cedure which commands general support because of its obvious benefits. These benefits must flow from understanding of the individual and his development, and from help that is given to the student through the processes of his own insight.

Thus we are back again to the psychiatrist. From him, directly and indirectly (including the coöperation of the medical services, clinical psychologists, social psychologists, and common-sense counselors), must come an increasing understanding of the bases of personality and human behavior throughout the whole college community. With such an ideal understanding, of course, there would be little need for discipline and punishment. But short of such perfection, there is a need for some rules and for some method of dealing with violators.

The dean will tend to moralistic judgments in the name of justice, and the psychiatrist will want to produce insight. The two views will be reflected and will temper each other in the disciplinary committees. In cases of cheating, for example, there will be general agreement that it should be eliminated as far as possible, and that some form of punishment should be given to the individual offender. But punishment will not be enough. The eradication of cheating is a complex community effort. Faculty members carry a heavy responsibility in their methods of teaching and examining. There should be a healthy pleasure in learning, some sense of achievement beyond rote memory in an examination, and a respect for teachers and classmates based upon a real acquaintance with them.

There will be similar agreement about the social undesirability of stealing, and a shocked feeling that any one in dear old Alma Mater should stoop so low. But stealing is a pretty constant offense on all economic, social, and intellectual levels of student life. Case studies of college thievery show the offenders to be motivated by an unbelievable complex of early maladjustments and to require a wide variety of treatments. Here the dean is often faced with a direct conflict between the individual and the community. It is usually best for the individual to remain a respected member of the group while attempts are made to give him insight, but the interests of the community may demand his prompt removal. Here,

again, punishment is not enough, and parents should be advised in detail about their responsibilities for some further treatment.

In cases of violation of rules about sex and alcohol, the situation is complicated by continuous disagreement over changing mores, and by the fact that the greatest distress to individuals may result from situations in which no rules have been violated. There is no rule against falling in love, or against drinking off campus, as long as it does not result in drunken behavior. A simple dean might enforce to the letter all the rules keeping men and women out of one another's rooms, or observing hours, or keeping alcohol off campus, and still have a student body deeply disturbed by sex and drink.

Here the dean's territory is like the one-tenth of the iceberg floating above water; the psychiatrist deals with the submerged nine-tenths. And he must deal with it largely in terms of professional confidence. Successful treatment demands that conduct that may violate rules and shock the dean and his public must be kept hidden while being analyzed without suggestion of moral disapproval. The contrast between this and the punishment given known offenders inevitably tends to make rules seem arbitrary and artificial, but certain rules of behavior must be agreed upon and enforced with some regularity if the college community is to have the approval of society in general.

Thus far, in the discussion of the processes of admitting the student, advising, rewarding, and punishing him, nothing has been said of the curriculum of studies, which is, after all, central in the purposes of the college. Viewing it here from the single aspect of its effect on the student's emotional life, it obviously may fill him with object interest, give him new enthusiasms, and spur his ambitions. In a somewhat negative way, it may at least, in the language of Cardinal Newman, "take the mind off itself, expand and elevate it in liberal contemplation, parry the assaults of moral evil, and keep at bay the enemies, not only of the individual soul, but of society at large."

So far as the curriculum is a frustrating experience for normally active and intelligent students, it is often so because it is in the hands of specialists who have little concern for the human aspects of education. Interest in the field is taken

for granted, and if it is not there, so much the worse for the student. The revolt against the curriculum of the nineteenth century was against the limitations of classical and ecclesiastical prescriptions. The revolt in the twentieth century has been against the dominance of specialists with little centrality of purpose and a consequent disregard for human interest. The specialists have been thorough and zealous, and have brought about an astonishing growth of knowledge, but they have left many students uninterested and suffering from a sense of the futility of all knowledge.

This revolt in the colleges against the specialists has taken four somewhat different forms, and the comment here is limited to the effect produced or sought in the emotional life of the student. A student-centered curriculum has been especially developed at Sarah Lawrence College. Here there are no uniform requirements. A student, with his faculty adviser, selects the courses that seem best suited to his interests and abilities. Further, each professor tries to adapt his material to his students and their purposes. His aim is not so much to lay the groundwork for future specialists as to speak always to their condition. He must, therefore, know them, and this is really possible only in the small college. The end sought is the alert, interested, creative individual who selects from the fields of knowledge what he desires to assimilate. If he differs sharply from his fellows, all the better. Individuals have been created who will solve their own problems in their own ways.

At the opposite extreme from this is the curriculum of the "model" university as developed at the University of Chicago. Here the revolt is not so much against the inhumanity of the specialist as it is against his insignificance. Centrality of purpose is to be restored at whatever human cost. The university, according to Mr. Hutchins, never asks what is good for individual students, but what is good for all students. Its curriculum is composed of the master works in the traditional fields of knowledge, and a student proceeds on his individual initiative to pass as many examinations as he can as rapidly as possible. His personal manners and morals and general stability may be left to the church and the home; his progress at the university is to be measured in intellectual terms. Students who have a thirst for the mastery of great

books and a reasonable respect for the wisdom of the past will find great emotional satisfactions in such a curriculum and will be sustained by it. Those who lack sufficient maturity to relate their own concerns and purposes to the books that are for all time will have to find their satisfactions elsewhere.

Two other types of curriculum lie between these two extremes. The third type pays little attention to fields of knowledge or to the traditions of their development, but asks what students need to know in order to fulfill their obligations as citizens—to care for their health and that of their families, to understand the problems upon which they are to vote and to speak and write persuasively upon them, to have at least a minimum knowledge of the physical world in which they live and a vocational skill for earning a living. This is sometimes called general education for participating in the democratic process, as opposed to the older and more aristocratic tradition of liberal education for leadership. All through the curriculum is a constant concern for the problems of daily living. This curriculum has been evolving chiefly in large universities with many students who do not care to follow abstract studies. For the general run of these students, such a curriculum will provide real significance and satisfaction, to say nothing of the public benefits.

A fourth approach emphasizes the unity of the learned community. Its courses are largely prescribed in order to assure the ability of scholars to talk together with the understanding that comes from a common background. The principal areas of traditional and contemporary learning are selected, and no student may completely ignore any of them, even if interest has to be compelled and discipline invoked. His own interests will probably be the basis for future specialization, but in the early years, at least, he is to acquaint himself with disciplines that may never interest him. The college in this case may accept a substantial responsibility for the adjustment of the individual and may attempt to achieve it by a large measure of self-government in the community life, by a somewhat supervised extracurricular program, and by an active group of counselors.

Each of these curricula has been developed by an eager

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group of educational reformers in the hope that it will absorb the energies of students and produce well-educated men and women. Each curriculum has remedied glaring faults in preceding educational methods, and has usually produced new ones. Students are being both excellently and badly educated in all of them. A large number of the students can adjust themselves to the curriculum and social institutions of almost any college. If they have strongly marked preferences, they can select the school that, upon investigation, seems most likely to be a spiritual home.

Neither the dean nor the psychiatrist will want to remake the college for its misfits, or to hold the curriculum too strictly accountable for student faults in temperament and personality that have been developed in the pre-college years. Their most useful service will be to increase human understanding and insight among faculty and students, whatever curriculum may be adopted.

Two lines of approach seem most promising. The first is the development of an adequate counseling system. Only trained counselors will be likely to understand the dependence-interdependence struggles of adolescents, and the necessity for varied approaches according to temperament and personality. In smaller institutions at least, faculty members should have a large place in the counseling, chiefly because of the added understanding it will give them of their students in class and out. But it cannot be taken casually, or imposed as an added burden. Probably one or two clinical psychologists should be in the group. Considerable prejudice and misunderstanding will be encountered, but by meetings and discussions of cases this may be overcome. If a group of faculty counselors could be brought to understand the problems of their students, and to follow them sympathetically, it would affect the whole spirit of learning in the college, to say nothing of the benefits in particular cases.

Student counselors in various capacities, hall presidents, proctors, and members of various committees will have less initial prejudice and inertia to overcome. They may suffer from an excess of zeal, but they have qualities that more than atone for these faults, and through their training for their work, will greatly increase human understanding.

Enough case histories are now available from the publications of college counselors to result in some generalizations that should be of central importance in the daily living of students. Such generalizations, supplemented by discussions of case histories, by established knowledge of the bases of human nature, held in focus by questions arising from the habits and attitudes of the particular college class or group, might well form the basis of a course that should be in the curriculum, but that should have certain distinctive qualities. It should not be purely academic; it should be freed from too much formally prescribed content; it should not place great emphasis on the final examination or grade; it should carry college credit toward graduation if not toward a major; and it might well be included in the department of psychology or biology.

If such a course aims consciously at illumination rather than formalized knowledge, it is certain to be suspect, but what courses now established have not endured their period of suspicion? A beginning in this direction has been made at Swarthmore. The psychiatric consultants, Dr. Leon Saul and Dr. John Lyons, have for two years conducted a one-hour non-credit course of lecture discussions. They have been learning from the students what seem to be their central problems. To these problems the psychiatrists have brought the insight of their professional training. They have given the students a greater understanding of themselves, to say nothing of the education they have given the dean. But the time limits of a crowded curriculum make it impossible to do justice to work of such importance in such a casual fashion. It should have the time of a regular course, supplemented by individual conferences. Its aim should be generally educational and, to such an extent as possible, therapeutic as well. It should be available to all students who are interested.

The coöperation of the dean and the psychiatrist, however, will not find its chief significance in the addition of a new course to the curriculum, important as that may be. It will rather be in the attempt in all possible ways to see that the activities of the college, in the curriculum and out, are based upon an understanding of the complexities of the individual and his relation to the community.

THE PSYCHIATRIST AND THE DEAN—PAST,
PRESENT, AND FUTURE

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I APPROACH this problem from two points of view—first as an administrator, formerly at the secondary-school level and recently at the college level, where I found that taking care of students included learning how to work with psychiatrists; and secondly as an educator who is much concerned with the times in which we live, the difficulties young people face, and the attainment of some understanding of how psychiatry fits into the attempted solution of the age-old educational problems.

It was not so many years ago that most men and women in education had never heard of a psychiatrist. Those were the days when the *raison d'être* of a college education was fairly clear in the mind of parent, professor, and student; when teachers were broadly trained, and transmitted to their students, in answer to a natural sense of responsibility as teachers, not only subject matter, but somehow a sense of understanding of the universe and man's place in the universe. Dr. Peabody, of Groton, used to say that education was responsible for the physical, intellectual, and spiritual development of students. You will note that he did not refer to the emotions, but somehow there was not as great need in those days to separate out the new component of "emotion"; an integrated approach to education gave the student an adequate integration within himself as he went through the developing years of college. And so in those days, Dean Briggs, broad of background, lover of men, clear in his concept of moral standards, and possessed of great common sense and understanding, did for his boys at Harvard what the general practitioner in medicine was doing for his patients.

With the advent of the scientific age, a plethora of new subjects in the curriculum, a vast increase in the occupations to which a college degree was an essential pass key, with greatly increased numbers of students, and with all the other bigs—big cities, big business, and big government, wherein the individual as an individual became lost in a card file—

students in college began to experience great unrest, along with their elders in the adult world. Teachers had become specialists, and despite the possible inclinations of the individual professor, the system had impelled him to transmit to his students a feeling that his was only an intellectual responsibility to the student.

And now, alas, the conscientious successors to Dean Briggs and his generation began to have new problems on their hands, to seek outside the university for some straw that would enable them to save their students whom they loved and believed in as much as Dean Briggs ever loved and believed in his boys. And so the new dean found the psychiatrist, the clinical psychologist with his aptitude and projective tests, and the reading specialist. By spending frantic hours with students, their parents, and these outside agencies, our new dean found that he could "save" many of his boys. As he tried to do his full duty, he attempted to transmit to his students a sense of wholeness, unity, and integration.

And so he began to talk to his colleagues on the faculty about bringing these specialists to the campus. Gradually, despite the feelings of the faculty member that here was some one usurping part of his job, here was some one penetrating the privacy of individual students beyond the right of the educator so to do, these agencies moved to the campus, although clearly located on the fringe of the main stream of activity. Only a very few institutions have begun to learn how truly to integrate these new insights and disciplines into the main stream of the college program, but real progress is being made in some places.

At this point, may I narrow the scope of my remarks to a discussion of the relationship of the psychiatrist and the dean at Massachusetts Institute of Technology, as my concept of a program that is at the present time as near the frontier of progress as any comparable situation in the country with which I am familiar. Please don't misunderstand me—neither Dr. Farnsworth nor I believe that it is perfect, and at the close of these remarks I should like to make a few observations on what I think future action should be, but we both believe that we have to-day a very satisfactory working relationship. Let me discuss briefly the present situation.

First of all, let me apologize for appearing to assign certain

characteristics or virtues to myself. In describing the dean in this situation, I merely outline what my ideals and objectives are, whether or not I am successful in living up to them.

What, then, must be the attitudes and characteristics of a dean working parallel, in terms of organization, to the psychiatrist? (Both Dr. Farnsworth and I are directly responsible to the president.)

First, the dean believes implicitly that education demands the integrated development of the student physically, intellectually, emotionally, spiritually, and socially, and that, therefore, the faculty being responsible for the educational program, the faculty must take responsibility for the impact of the institution on the student in all these areas. Second, he believes that students must necessarily be products of their environment and, consequently, that their further development demands a knowledge and understanding of that environment. Third, he believes that the foundations of democracy and the Judæo-Christian tradition lie in the uniqueness and sacredness of each individual as a son of God, and that, therefore, education must revolve around concern for each individual as a whole person. Fourth, the dean must believe implicitly in the basic *desire* of each individual to do what is right, regardless of what he may have done or be doing. Fifth, he must believe in his students and transmit to them a feeling of trust and love. Sixth, he must have a clear sense of moral standards, values, and ideals which grow out of the ideals of the institution and the state and country in which it exists.

With these six basic beliefs, what, then, must be the dean's attitude toward the psychiatrist and psychiatry? First, because he believes man is of emotional parts, he understands that emotional disturbance can acutely influence or clearly explain a student's actions and attitudes. Therefore, he cannot, to quote Dr. Farnsworth, "look upon every variant from accepted social behavior as a challenge to his authority."

Second, he understands that emotional disturbance and consequent antisocial attitudes and actions very often arise out of inadequate satisfactions in the present environment, regardless of the influences of the past environment. In handling any situation, therefore, he is sufficiently permissive to weigh the aberration of the student against the faults of the environment that may well be causing even wider aber-

rations from the norm than the dean knows. (And the psychiatrists almost invariably know of any such widespread aberrations.) For the same reason, the dean is not tempted so easily to start on a witch hunt, but rather, perhaps, to start working, with the help of the psychiatrist, on the faculty committee on student environment.

Third, he assumes that the good modern psychiatrist is, of course, completely permissive in his relations with individual students, but handles the student, and, therefore, his recommendations to the dean, on the basis that there are standards, and that somehow the individual must face up to and conquer his problems within at least an outward acceptance of the standards of the community.

Fourth, the dean must be so oriented to the facts of life, and to the psychiatrist's interpretation of these facts, that he is no more easily shocked by them than the psychiatrist himself.

Fifth, the dean must have a relationship with the psychiatrist of such mutual confidence that he can be given rather full, confidential information about a student and then, in fairness to student, family, psychiatrist, and institution, handle a given situation without revealing special knowledge.

What are the particular strengths in this situation? Because we can work very closely together and yet are parallel in responsibility, we can serve as a check on each other in relation to the welfare of the student or the institution. As the dean must be responsible both to the rules and regulations of the school and to the parents—or, to put it another way, as the dean can approach the individual student and the family as a layman interested in the whole man—he can often help the family or the student to interpret the recommendation of the psychiatrist in relation to test scores, the opinion of the family, the faculty, the fraternity, student government, or the family doctor.

Are there any weaknesses in this very modern set-up and have we yet found the proper rôle for psychiatry in education? I believe Dr. Farnsworth and I both agree that there are weaknesses and that we can still improve the rôle of psychiatry in education.

The weaknesses in the present situation, as I see them, are primarily three in number. First, psychiatry and psychiatric

insights being almost entirely connected with the medical department, the psychiatrist becomes bogged down in taking care of individual patients—many of them our weakest citizens in relation to their present ability to profit from our program—and is, therefore, handicapped in being able to contribute his insights to the main stream of the educational process. Second, because of the great student demand for psychiatric assistance, the department has become very large, with the consequent feeling arising too often in faculty and administrative minds—and perhaps with some justification, I might add—that psychiatry is too much in the saddle. Third, in relation to the friendly running argument that Dr. Farnsworth and I are constantly indulging in—namely, the permissiveness of the psychiatrist and the moral standards of society—the psychiatric insight being only in the medical department, where patient-doctor professional confidence exists, too often a bad moral situation, either for the individual or for the community, is allowed to drag on interminably, contributing both to the detriment of the community and to the inefficiency of the psychiatrist in helping his patient to face reality.

What, then, is the direction of the next step? I think the answer lies in the importance of faculties' once more facing up to the fact that education is the development of the whole man and that, therefore, their responsibilities, both as teachers and as deliberative bodies forming educational policies, are toward the individual student, recognized as unique and sacred as a son of God, and possessed of physical, intellectual, emotional, spiritual, and social parts.

I, therefore, visualize that the next step lies in having the man trained in medicine and psychiatry step out of his rôle as private physician and join hands with the philosopher and the clergyman, who would likewise step out of their rôles as professor of philosophy and minister—all three forming a team that would work intimately with the scientists and social scientists to find the intellectual answer to the integrated education of an integrated individual, who may be following any one of a hundred or more specialized interests in preparation for his career, but who must also be prepared for self-fulfillment and a rôle as contributing citizen to his society.

Because of the size of our institutions and because of the

many fields of knowledge now being studied, realistic student-counseling systems must be set up. It is in this area that I see the psychiatrist, fortified with insights from his teammates in philosophy and religion, playing a vital rôle in education in the next few years. And as this is done, and done successfully, our medical departments can be reduced in size, and psychiatric attention for the individual assume a place comparable to medical attention for the individual.

PSYCHIATRY'S AID TO COLLEGE ADMINISTRATION

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THE association of psychiatrists with college programs is now in many places past the experimental stage.

This event is the result of separate developments in the fields of college education and of psychiatry. Developments in education are well known; there is growing recognition of the necessity of educating the whole person if he is to function in a truly enlightened manner, and of utilizing the discoveries, by educators, sociologists, and psychologists, of the relation between what may be called emotional adjustment and the ability to learn.

Changes in psychiatry have served to interest psychiatrists in education and to increase their usefulness to it. As a medical specialty, psychiatry for many decades interested itself mainly in classifying diseases of the mind and doing little else except applying such remedies as came to hand. In the last half-century, with the scientific study of concepts of emotional growth, maturity, and unconscious motivation, a new cause-seeking and dynamically oriented discipline has arisen. Not only has this increased the possibility of the treatment and cure of emotional disorders, but it has brought new understanding to a whole range of normal processes, such as adolescence and learning. Thus it is that the psychiatrist begins to be able to be of some usefulness in the scheme of education.

This discussion describes how the psychiatrist works in re-

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lation to one important member of the educational team, the dean of students. Experience at the University of Chicago will form the basis for the discussion and only areas of co-operative function that were worked out there will be described. Still other areas of fruitful interaction have been explored at other institutions and further development is surely probable, but the activities discussed here are undoubtedly basic elements in any well-founded program. It can be anticipated that, as these areas are mastered, psychiatry will contribute increasingly to the practical jobs of college administration as well as to methods and philosophies of higher education.

The purely medical and treatment functions of the college psychiatrist might seem at first glance to have little meaning for the dean. In fact, the treatment of students is an area that requires such great respect of confidences that individual cases are not discussed with him. The dean is, however, properly concerned with problems of student failure, social adjustment, and standards of health. In college health programs, dealing for the most part with relatively young and vigorous people, emphasis falls on the prevention of disease. In the college psychiatric program, preventive measures are threefold: first, in the selection of students; second, in case-finding efforts to achieve early detection and treatment of emotional disturbances; and third, in general measures designed to aid the college in the development of a healthy emotional environment for its students.

In the psychiatric clinic, prevention of failure in emotional adjustment, often with consequent academic and social failure, is sought through prompt availability of consultation and, if the problem is amenable to briefer methods, treatment. Case-finders are numerous. The dean and his staff, advisers, professors, and dormitory officials, but above all the students themselves, are quick to sense a disordered integration and bring the attention of the student to his need for help. Easy access to psychiatric attention might seem to bring the risk of overemphasis and abuse; yet over a period of four years, less than 2 per cent of such referred cases have been found to be without adequate basis.

It is difficult to estimate how much is accomplished by treatment in preventing students from failing or becoming dis-

ciplinary problems or worse, and thus being of immediate concern to the dean of students. Suffice it to say that the gratification of such work is great to the psychiatrist in the reward of seeing students become better able to realize their potentialities.

Emotionally upset people may be expected to become conspicuous problems to the dean. The ability of the psychiatrist to make judgments about such problems, and even to remove disturbed students from the college community by hospitalizing them if they are dangerously ill, or recommending a leave of absence for medical reasons, may protect them from getting into more serious difficulties. Such action is taken solely on the basis of the student's welfare, never for the convenience of the administration, although frequently the two coincide. For example, it is usually not wise for a student to be permitted to avoid his usual academic or social responsibilities, unless for very short periods, and it may be embarrassing to the administration for this to occur. If he cannot carry on his college responsibilities adequately while under treatment, the student may be advised to leave college until he can do so, with appropriate treatment while away. It may be affirmed that this is often extremely constructive action; a majority of those so advised return later with greater maturity and succeed as never before.

The function of evaluating the emotional capabilities of students for work and life in college has been extended to the selection of students. This work with the office of admissions was stimulated by the observation that the usual criteria for admission failed to screen out a number of students who fairly soon demonstrated their unfitness for what they were doing. They not only presented problems to the university, but found themselves dissatisfied.

A workable program of consultation between admitting officers and the college psychiatrist brings new light to selection procedures. It is feasible for the psychiatrist to interview applicants who fulfill ordinary criteria, but who raise misgivings in the minds of the admitting officers. These officers can be encouraged to test their intuitive misgivings by sending such applicants to the psychiatrist with a forthright explanation of the reason for referring them.

The results of such examinations have been interesting.

Several applicants were found who could not possibly have got along in college because of serious disturbances and who could be redirected to treatment or to healthier occupations. Others, not actually ill, have presented obviously inappropriate motives for seeking admission—for example, to escape from daily family conflicts with which they have been unable to deal, or to satisfy the demands of ambitious parents. Such motives do not make for success in students; in fact, they may constitute powerful blocks to success and may even lead the student to acts that are not constructive. Quite a number of applicants in this group can achieve some understanding of their problems in a single interview and may decide on more constructive solutions to immediate problems, later approaching college with more maturity. Equally interesting are the students who have had uneven or scholastically poor careers in the past, but who have overcome the basis for their difficulties and are ready to approach college work with more realistic attitudes. Some of this latter group, who might not originally have been considered suitable candidates, have later made brilliant records.

The psychiatrist's purpose in evaluating applicants for college is twofold: first, to protect the student from undertaking tasks for which he is not prepared or to help him become able to deal with them; and second, to save the college from investing time and energy in persons who cannot make successful or profitable use of its facilities.

Students who are referred by the dean or his staff for evaluation for admission or in regard to disciplinary action are always informed that the psychiatrist will make his opinions known to the dean. This permits the psychiatrist to discuss some of the problems involved, to the mutual advantage of all concerned. The admission officers have been able to sharpen their abilities in selection; the psychiatrist has been educated in problems of administration and led to broader perspectives.

Another function of the psychiatrist is the evaluation of disciplinary problems that arise among students. Such evaluation is made before the disciplinary committee makes its final decisions on a case, so that the psychiatrist's understanding and recommendations can be considered. Disciplinary action can be looked upon as an attempt to solve problems, rather

than as a purely punitive measure. Some students who present such problems have been found to be grossly disturbed, and in these instances the problem becomes a medical one and appropriate steps are taken.

In most cases the psychiatrist is able to learn something of the motives for behavior leading to the possibility of discipline and can suggest action that will tend to relieve the problem. Such recommendations are sometimes in the direction of more strict action than the behavior itself might indicate. For example, a young student may be caught stealing books from a need to call attention to his anxiety about being free from the close control his parents had exercised. Failure to give him the security of positive disciplinary action would lead to greater anxiety and more blatant asocial activity.

The dean should perform this function so that students do not generally regard the psychiatrist as an officer of the administration, which would certainly destroy his usefulness. Rather, they tend to look upon the psychiatrist as the interpreter of their needs to the administration. In all these situations the opportunity for communication between the dean and the psychiatrist helps in the mutual understanding of the needs of students and ways of meeting them.

Whether or not the dormitory system is under the jurisdiction of the dean, the living situations of students are certainly of concern to him. Dormitory life brings with it many special problems in personal relations, some of which are difficult to solve by administrative action alone. The psychiatrist should be available to the dormitory officials in regard to these. Here, in addition to helping work out problems as they arise, is an opportunity to engage in preventive activities. In conferences and group discussions with student dormitory leaders, the usual problems encountered in dormitory life can be delineated, together with practical ways of dealing with them. More important is the work of demonstrating to these leaders their responsibilities toward their students, of showing them that only by exemplifying responsible attitudes in their jobs can they cultivate individual self-responsibility in the young people around them. It is remarkable how easy it is, in this era of demands for freedoms,

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group dynamic lines with the aim of diminishing anxiety rising from this area and emphasizing the desirability and importance of taking individual responsibility for conduct. That there is need for such discussion may seem surprising, as it is easy to assume that college-age students have settled on satisfactory solutions to their sexuality. However, we have learned that many are not yet ready to meet the actual situation of dormitory pressures, freedom from parental supervision, or other factors, in spite of much theoretical knowledge. Students of all ages are generally grateful for such sessions. The psychiatrist usually finds it inadvisable or unwise to engage in extensive educational activities, health courses, and so on, although in some colleges such programs seem to have contributed a great deal.

The purpose of this enumeration of some of the activities in which psychiatrists engage in close concert with the dean of students has been to illustrate the grounds for collaboration and something of the psychiatrist's contributions. In order that such a collaboration can be most effective, it is necessary that the psychiatrist and the administration have mutual confidence and respect for each other. A brief description of some of the desired elements in such a relationship will further clarify the rôle of the college psychiatrist.

The first requisite for a successful collaboration lies in a clear understanding and definition of responsibilities. The boundaries are actually well defined by the respective disciplines of psychiatry, a medical specialty, and academic administration, a discipline combined from education and the various business skills needed in the management of groups of people. It should be clear at once that there is no conflict of working area between these, so that no confusion of responsibility need occur. In any case, the dean never attempts to practice medicine or to tell physicians how to do so, nor should medical-psychiatric recommendations or opinions be open to question so far as the patient is concerned. On occasion, the rationale of certain recommendations can be discussed without violating any professional confidence. The psychiatric staff, on the other hand, should have no need for administrative authority or any reason to question administrative decisions other than in broad, general ways. Administrators and psychiatrists generally agree on the need

for the price of freedom to be forgotten. That price is responsibility.

Young house heads are often inclined to feel that far-reaching permissiveness is the attitude to take toward their charges, forgetting that most college freshmen are not quite prepared to deal with such permissiveness and may even become upset by it, manifesting their anxiety in a variety of ways, few of them conducive to a good adjustment. When the leader can be shown that it is his responsibility to set some limits to freedom in the dormitory, and that by taking this responsibility he both gains the students' respect and makes them more comfortable, he becomes much more effective.

It might be said that the need to learn to take personal responsibilities of this kind seems to be a general one in this society. It is only when this has been learned that education for responsible living can be effective. This is not, of course, a viewpoint championed only by psychiatrists, but an approach that many educators have adopted. Pitfalls that endanger a healthy attitude toward responsibility lie on both sides—on the one hand, the idea of unlimited permission and on the other a too repressive and restrictive approach. Examples of both extremes and their results are plentifully evident.

Functions similar to those that have been described in relation to admission officers and dormitory officials have been carried out in other special situations—with advisers, with the medical personnel of the student-health service, and with administrative groups of various graduate divisions and schools of the university. The psychiatrist's aim is always to understand as clearly as possible the reacting forces in each situation and to aid all individuals in the institution to the attainment of an appreciation of the emotional factors of interpersonal relationships. Since one of the psychiatrist's tasks is to interpret the emotional needs of students to the dean and his personnel, he must always stay close to the job of treatment to remain effective in this.

It is the intention of the modern college to educate students to be ready to assume responsibility in wider areas of life. Hence, the psychiatric staff has taken some share in educative activities. Discussions of sexual adjustment in college have been useful. These have been conducted along

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to require social and academic responsibility from students if they are to have the privilege of college training.

There are times when the psychiatrist becomes aware of an administrative policy that he thinks is psychologically unsound, and he would be remiss in his duties if he did not make his views known. For example, the wisdom of segregating young entering students in the dormitory system might be discussed in terms of the emotional significance of such action. Similarly, the dean has no hesitancy at all in telling the medical staff when he thinks they might be straining the limits of medical responsibility in their activities. Obviously this requires respect for each other's professional abilities; should there be doubt on this score, working together would be impossible. It is clearly necessary that the business relationship remain a professional one, between specialists in their separate fields. This makes for a certain degree of formality in consultations, which of course, need not interfere with friendship.

Finally these mutual efforts depend on an attitude that must be shared, compounded of a wish to learn, willingness to change or even experiment, and a tolerance for some degree of fallibility.

POTENTIAL PROBLEM AREAS OF MUTUAL INTEREST TO THE DEAN AND THE PSYCHIATRIST

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ONE of the most delicate problems that surrounds the proper function of a physician, and particularly a psychiatrist, in a college setting is that of preserving the confidential nature of the physician-patient relationship. As all of you are well aware, anything that the patient divulges during the course of a medical interview may not be used by the physician without the patient's permission, unless the welfare of others is directly at stake, as would be the case if the patient had a communicable disease. In the psychiatric field, there are certain close parallels, such as the presence

in the patient of definite overt suicidal or homicidal tendencies. Leaving these extremes out of consideration, the patient should feel free to communicate his true ideas and feelings to the psychiatrist without fear that they will be related to others and used against him in any way. Let there be a violation of confidence on a college campus, and immediately the news spreads, and the usefulness of the psychiatrist is virtually at an end.

From the standpoint of the referring faculty member or dean, the problem is not so clear-cut as that. He feels a certain responsibility to the student, his family, and the college. He would like to know what was found, whether he can help further, what his attitude is to be in future conferences with the student, and what can be done to help other students who may have similar problems. If he calls the psychiatrist, asks about the student, and is told that the confidential physician-patient relationship prevents the divulging of anything about the problem, he is not going to feel very happy about the situation. On the other hand, if the psychiatrist does give a general outline of his findings, and the faculty member tells this to the patient, the psychiatrist will properly be blamed. The middle ground that is possibly most satisfactory is that in which the psychiatrist discusses general problems faced by students without bringing in private personal material. In this way the faculty member gains some insight into the nature of the problem without having details given him. But even that much information he must handle discreetly.

The sharing of information with the parents of a patient is a somewhat different problem. If parents ask for an interview, they obviously must be granted it. If the patient knows that they are coming, his permission should be obtained if any information is to be divulged. If permission is not granted, then the psychiatrist gets all the information from the parents he can obtain, pointing out that it is for the good of the patient. At the same time he resists demands for information for the obvious reason that to do so would tend to destroy the treatment relationship. If the student is incapable of using good judgment, the parents are, of course, then given whatever information is necessary to enable them to make wise and appropriate decisions.

Another type of complication is the situation that arises when a student, in the course of an interview, discloses that he is violating some of the basic rules or customs of the dormitory in which he lives. If the psychiatrist reports such a violation to the dean's office, he will get no similar information in the future either from this student or from others who hear about the episode. If, on the contrary, he does nothing about it at all, he may be accused of not trying to support the standards of the college. The average psychiatrist would, I believe, not report such episodes to any administrative office, but would try to help the student understand that such deviant behavior will work to his disadvantage in the long run. He could, after the lapse of suitable time, indicate the general nature of the problem, so that student-government officials and others concerned could try to prevent future violations.

As a general rule, a psychiatrist does not find one violation without finding others, and he can then discuss the whole problem without harming any one individual. Not long ago one of the members of our staff was consulted by a student who had got himself into trouble with the legal authorities, and the episode might possibly affect his relationship with the college itself. He was told by the psychiatrist that he should by all means notify the proper college officials of his predicament, and that this would probably make it easier for him than if he tried to cover up his acts still further. The manner of divulging this information was left up to him. Unfortunately he did not choose to do this before the information became available to the college officials from other sources.

Although undue publicity in this matter may be misunderstood, it is usually advisable for the psychiatrist and the dean to have a close working relationship, so that the dean can be aware of the psychiatrist's problems and similarly the psychiatrist can understand the dean's viewpoint. If the dean does not take a punitive attitude toward students, but instead tries to get at the meaning of their behavior, the psychiatrist can be of very great help to him. If the dean looks upon every variant from accepted social behavior as a challenge to his authority, then communication between the two offices must of necessity be very scanty.

The college psychiatrist usually prefers to see no one for in-

dividual conferences unless that person wants, or is at least willing, to see him. The methods of furthering this desire or willingness to seek help should never include misrepresentation of the psychiatrist's status, though occasionally a student may be reassured by the knowledge that the fact that he is to see a psychiatrist does not mean that he is "crazy" or that his future is jeopardized by publicity of his going. Of course, in some cases involving discipline, and in those where possible psychotic action is involved, such desire or willingness may not be possible.

One of the difficult problems that any psychiatrist faces in working in a college setting is that of preventing himself from being overwhelmed by the demands for conferences with individual students. If a psychiatrist does succumb to this pressure, he limits his usefulness quite sharply, and becomes merely a technical aid for disturbed students, and is of little value in preventing emotional disturbance. The best ratio of time spent with students and with faculty and administrative members is yet to be determined, but in my opinion is about fifty-fifty. The more a psychiatrist can help the individual faculty member with his counseling problems, the better off the entire institution will be. Every time a professor or the dean works through a delicate situation with some professional help in the background, the more capable he is of solving the next situation effectively.

The psychiatrist's main responsibility to the college is to awaken an awareness or a sensitivity to this great range of personal problems. It is not his purpose to develop amateur psychologists out of the teachers. His job is to help them to become better teachers. To be good teachers, they should be good counselors. Every contact with the student is in reality a counseling situation. The development of an adequate counseling program might well be the joint responsibility of deans and psychiatrists, together with other related disciplines.

Some teachers are very suspicious of acquiring any of the newer techniques of counseling because they fear that there is some kind of regimentation back of the whole idea. They may say that pediatricians and child psychiatrists have developed new techniques only to drop them when still newer ideas come along, and they do not want to become "dated"

similarly by acquiring confining techniques. Counseling is a process, a point of view, a way of approaching all sorts of new and unfamiliar situations, a set of attitudes, and not a fixed technique.

The type of counseling I am talking about is designed to free the individual from his internal conflicts instead of regimenting him in any way. The counselor in this sense should be a good listener. He makes no moral judgments on the material that is given him. He knows that for many problems there is no answer, but that the mere formulation of a problem will objectify it enough for the student to make either a constructive attack on it or a sensible defense against it. Many counselors think that their function is to give the student advice. This is rarely necessary or appropriate. The student needs to develop independence and confidence in himself. He may request the teacher's frank opinion on a given question and get it, but he weighs this against the contrasting opinions of other teachers and then makes his own choice.

It is easy to give lip service to this concept of counseling, but very difficult to get it across in a college setting. Some teachers make easy and stimulating contacts with students without any training. Others are very insensitive to the subtle reactions of their students. There is much that can be learned, however, if a desire can be inculcated in the members of the faculty to learn more about this field and if they have a chance to work out their feelings in small groups. Sometimes such small groups or seminars can be based largely on the methods of handling typical classroom situations. In other groups a deeper level of understanding is sought for, and the members who participate in it study their own emotional reactions in the group setting, criticize each other vigorously, but kindly, and when they understand their own reactions, are in a position to appreciate the reactions of their students.

A most delicate question that arises from time to time in all schools is what to do about the social deviant, the person whose heterosexual development is not complete. I find it advisable to treat such an individual in exactly the same way as the so-called normal person. If he violates the privacy of some one else, then he must take the consequences just as does the

student who offends a member of the opposite sex. Any student who asks for psychiatric help should receive it on a private, confidential basis. Such cases can be, and frequently are, helped.

This attitude does not increase the frequency of socially unacceptable behavior. The advantages of normal behavior are too great for that. Some schools have a reputation for getting rid of students of whose behavior they do not approve and then pride themselves on having solved the problem. I have not seen any school yet that has solved its problems successfully in this way. Treating such persons as patients, which they really are, does offer hope of satisfactory rehabilitation.

In our relationships with the faculty, we try to stress the important point that the psychiatric service does not want any special favors granted to students with emotional problems that would not be granted under similar circumstances to students who have physical ailments. This principle is somewhat difficult in its administration. It is quite obvious that a student with a broken leg may have to be out of class for a week or even a month. It is frequently not so obvious why a student with an emotional problem should be permitted to miss classes.

The chief reason why we do not want a student to get any secondary gains from his illness is that it is not good for him, in that it does not mobilize his own efforts toward recovery. It often happens that a student sees the obvious advantages in having one or two courses dropped from his schedule, and then he conceives the idea that it would be nice if his four years of work could be spread out over five or more years. This we never recommend from the psychiatric point of view. If some alteration is recommended for the student's schedule, it is strictly understood that it shall be for one semester and shall not be a permanent thing. To make a permanent alteration would be to cheapen the degree that the institution confers.

A difficult situation sometimes arises when, in the opinion of the psychiatrist, the student is too ill to remain in school and yet neither the student nor his family are convinced of this fact. In such a situation we make a recommendation to the dean that the student be given a medical leave of absence

and that his return be conditioned upon a satisfactory report from his psychiatrist or from our own medical department or both. It then becomes an administrative problem as to whether the dean wants to give him this leave of absence whether he wishes it or not. We prefer that psychiatrists have no power to enforce any of their recommendations. On the other hand, we do have the feeling that if our recommendations are not followed and the reasons for not so doing are not satisfactory, it is probably time to get a new psychiatrist. This may seem like "a distinction without a difference," but I think it is a very vital one. The physician or psychiatrist should not be put into the position of usurping the power of the regular administrative officers of the college. He should be kept as a consultant. His ultimate value to the administration will be much greater if this distinction is clearly understood both by the administration and by the student body.

Occasionally a complication arises when a student is requested to take a leave of absence and pressure is applied to have him continue in school. Once when we made this recommendation to a student, he objected very strenuously over a period of a few hours and was strongly seconded by his father and the rest of his family. As a final gesture, he said that if we did not change our minds and let him remain in school, he would commit suicide. I informed him that if he did so, it would merely prove the wisdom of our decisions, and as it turned out, he did not. Direct and indirect threats of suicide are not infrequently used by a certain type of patient in order that he may gain his end, but both deans and psychiatrists must have the courage not to let this threat cause them to make decisions that are not in the best interest of the patient and his family in the long run. The dangerously suicidal patient can usually be differentiated from the above type.

Occasionally a student may request a leave of absence a week or two before the end of a semester, and his reasons may seem entirely adequate to the psychiatrist. After it is granted the student then may have a change of heart and decide that he wants to come back to the college the following semester. This we never agree to unless the circumstances are quite unusual and are thoroughly understood by all those concerned. We indicate to such a student that if his emotional disturbance

is of such a nature that he should be allowed to have his registration canceled, then it is very unlikely that any major recovery can be made without treatment or without some life experience that will help him resolve his problem. Mere statement of intent on the part of the patient is not enough. The problems involving leave of absence are particularly acute now that there is a national crisis and the question of military service is always in the minds of students.

Near the end of every semester, there are always a few students who want special favors and who think that by making out a case for an emotional disturbance of several weeks' standing they can be excused for a poor showing in one or more classes. In almost all instances we point out to the student that such a procedure is unwise and that he must be held responsible for all his work. If this policy is consistently held, such requests are apt to remain few in number. Furthermore, care in these matters tends to maintain confidence in the judgment of the medical staff on the part of faculty and administrative staff members.

Dean Bowditch and I have talked a great deal in recent months about the question of the general attitude of the institution toward variations from what is considered to be the usual expected behavior. For lack of a better term, we have used the phrase "permissive attitude" to describe a point of view that we think is healthy in a college. This is not what it might seem to imply—namely, that anything goes—but rather that the level of tolerance of the college community is quite high for all kinds of variation from what is usually expected. The variation may take the form of some kind of emotional disturbance, an acting out of a personal problem in terms of behavior, some degree of character disorder, eccentricity in dress or manners, or variations in belief or ideology.

Adopting a permissive attitude does not mean that the institution does not have definite and high standards. It does mean that standards are treated as ideals, with slow, steady pressure directed toward their maintenance. It means that the individual is given prime consideration. If the standards are interpreted and enforced with rigidity, this tends to produce hostility on the part of the students involved. If, on the other hand, the standards are expressed in definite terms,

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but with great understanding of the personal predicament or past history of the student concerned, then the deviant behavior will tend gradually to come back to an acceptable level and the student will have to solve his conflict in terms of the demands within himself instead of being able to project them out to the environment, thus blaming some one else for his shortcomings. We feel that a genuine permissive attitude on the part of a great majority of the college members is really a source of strength rather than of weakness.

Mark Hopkins expressed some aspects of this problem in his inaugural address at Williams College in 1836:

"The last objection against colleges which I shall notice, comes from another quarter, and is, that they do not teach manners. And it must be confessed that this is not one of those things for which we give a diploma. Good manners certainly ought to exist, and to be acquired in colleges, and more ought to be done on this point than is done. Still there are difficulties in the way which will be appreciated by every sensible man. In the first place, manners can not be taught by direct inculcation; they must mainly depend on parents and on associates during the earlier years of life. Again, many of those who come to college are of such an age that it would be impossible to remodel their manners entirely under the most favorable circumstances. They seem to have lost the power, which indeed some never had, of perceiving the difference between the easy intercourse of good fellowship which is consistent with self-respect and respect towards others, and a coarse familiarity which is consistent with neither. There is further apt to be a sentiment prevalent among young men, than which no mistake could be greater, that manners are of little importance, and that to be slovenly and slouching, and perhaps well nigh disrespectful, is a mark of independence. After all, college is not, in some respects, a bad place to wear off rusticity and break down timidity. And if those who make the complaint could see the transformation and improvement which really takes place in many, I may say in most, instances in a college course, they would perhaps wonder that so much is accomplished, rather than complain that there is so little. Still, when a young man comes with a frame of granite rough from the mountains, or as rough as he came from them, and has seen perhaps nothing of polite society, and knows nothing of polite literature, it cannot be expected that he should learn during his college course the manners of the drawing-room, or the arbitrary forms of fashionable etiquette. If he shall possess, as perhaps such men oftenest do, that higher form of politeness which consists in respecting the feelings of others and consulting their happiness, and we can send him into the world with a sound head and a warm heart to labor for the good of the world, we shall be satisfied, and the world ought to be thankful. Such men often become the pillars of society."

The attitude toward the psychiatrist differs greatly on different college campuses. Many of us find that our services are not only welcomed, but are considered almost indis-

pensable. I am told that on some college campuses, however, the psychiatrist is looked upon with something less than enthusiasm, and that his way of thinking seems to be quite foreign to the problems encountered by college administrators. I have even known of an occasional psychiatrist who has been on the staff of large institutions and who could not find enough to do. This invariably means that something is not quite right, either in the attitude of the college officials, or of the psychiatrist, or both. If a psychiatric service is to be useful, there should be frequent communication between the psychiatrist and other college officials and there must be mutual confidence. A college psychiatrist is not an empire builder. It is not the function of the college to become an adjunct to a sanatorium. A college should not be expected to be responsible for long-term treatment of its students. In a sense, the psychiatrist should be working to make his services unnecessary. Unfortunately that looks like only an ideal for the next few decades at least. There are some areas of education, notably law, where the study of human behavior, as the psychiatrist views it, is rather rigorously excluded. This seems to us a little peculiar in that law is the profession that is most intimately concerned with disturbances in interpersonal relationships.

The psychiatrist is most useful in a college when his acceptance by other faculty members and by students is such that he may serve as an additional agency in the structure of the institution, which is working toward the attainment of emotionally mature points of view in all concerned. In such a position, he must be as ready to learn as he is eager to teach. Only when he functions more or less as a catalytic agent in the process of education for emotional maturity is he being used to the greatest advantage. It is to be hoped, however, that in the process he, too, will be changed for the better.

OF FENCES AND NEIGHBORS

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IT is a psychiatric truism that many of the handicapping attitudes that afflict our adult lives are archaic performance patterns laid down in the misty recesses of our childhood development—patterns that were at least understandable at their inception and perhaps entirely appropriate to the realities of past circumstances long since obscured by the sedimentary deposit of daily existence. For reasons closely linked with the intensity of our past emotional responses to the conditioning event or to the whole complex of its attendant circumstances, we “forget” the how and the why, but keep an attitudinal memento of the experience with us like the bronze castings of our baby shoes into which our adult feet can never realistically hope to fit. Fears associated with the sticky-fingered theft of a cooky from the kitchen shelf are anachronistic when they influence decisions at a corporation’s board meeting. Unresolved resentment at an unjust paternal reprimand does not smooth relationship with a supervisor who must direct our energies.

Society itself is no stranger to incongruities of this kind. It is relatively easy for us to smile at the rows of useless buttons on the sleeves of a man’s jacket, identifying them as the mummified insignia of a forgotten past. It is far more difficult to isolate the cultural anachronism which touches our prejudice, our ignorance, or our pride. In bequeathing our mother’s gold ring or our grandfather’s home farm, the past modifies the pattern of our character little, if at all. Nor can we persuade ourselves that to-day’s vast legacy of scientific knowledge exerts any truly significant influence upon the essential structure of our personalities. Homer sang his epics, Alexander spread his conquering hand over much of the earth’s surface, and Marcus Aurelius wrote his penetrating commentaries with no sense of technological deprivation and with no sequent mutilation of the product of individual

genius. Far more vital in human terms are the inherited institutions of that particular civilization into which we are accidentally thrust by the obstetrical whim of creation, the fetishes, the taboos, and the folkways of the world as we find it. We are slowly learning something of the self-perpetuating nature of these hardy cultural perennials and have acquired a new respect for the psychological infectivity of the social environment, duplicating and reduplicating itself as generation succeeds generation. Just as the dimly remembered mores of our parents' nursery days reflected the accumulated expectations of ever more remote cultures, so will our own children sense and conform to the "inherited" atavisms which we unconsciously impose upon their development.

The identity of the man who invented the first fence has been forgotten for unnumbered centuries, yet it would be interesting and perhaps revealing to speculate on the temperament of this ancient, stained with the muck of Cenozoic swamps, infinitely remote in human time, yet remarkably definable in our imagination. We know he was no fool. He had memory, ingenuity, and foresight—memory to trace out the pattern of past evil; ingenuity to conceive a practical course that would safeguard him and the objects he valued against depredation; foresight to see that tomorrow would resemble yesterday. We know he was acquisitive, cautious, thrifty, and conservative, and we can assume, within the limitations of the environmental situation, that evolutionary influences tended to place a premium upon those very qualities in his descendants.

We know also that Nature's inflexible accounting practices have always entailed a debit for every credit, and that our antique inventor must have paid for his survival with shuddering attacks of fear, with mounting anxiety, and with an all-pervasive suspiciousness. In time insecurity assumed congenital proportions. As his grasp of contingencies broadened, it became increasingly difficult and finally impossible to accumulate sufficient treasure *within* his fence to allay his concern for the future. With the waxing of intelligence and the burgeoning of imagination, fancied terrors and nightmare fears far outstripped in malignancy the world's harsh practical dangers. Entering the race for ever higher, ever better fences, he discovered the paradox

that each improvement in defense offered a lessened assurance of safety. The chimeras of anticipated dangers multiplied faster than his production of effective personal antidotes.

Somewhere along the developmental scale, he hit upon the ingenious security operation of multiplication. If he were two, he would be twice as strong. If he were four, four times as rich. If he were eight, eight times as safe. The idea of the *in-group* was born, not as a collaborative social venture in which the individual voluntarily participated, in which the unique was valued or the aberrant accepted, but as a rigidly circumscribed, tightly fenced, mutual-protective society, monstrously intolerant of difference within itself and compulsively hostile to all beyond its boundaries.

Just as "in" is a polar word which loses its meaning in the absence of the antonym, so, too, an *in-group* can exist only in terms of an *out-group*. The goal of its members must be identity. Elaborate safeguards must be employed to relegate all difference to the Cimmerian regions beyond the ever-heightening fence. Immense communal value is accorded to the same temperamental qualities we have postulated for our solitary inventor of the fence, while the same penalties, in the coin of anxiety, suspiciousness, and fear, are exacted in compound form. Such groups are in reality pseudo-societies to the exact degree that they succeed in the attainment of their aims, just as the endlessly reflected image of a single man standing in a hall of mirrors can be thought of as a pseudo-crowd.

The effective society is always oriented to reality. It may find itself in necessary conflict with the aims of another cultural group or, after a realistic weighing of objective dangers, in actual need of fences, real or emotional. At no time will it depart for long from its primary concern with the common good or neglect its search for means to defend the divergent interests of its members against the malignant action of internal divisionary influences.

The issue that concerns us here is, in contrast, oriented only toward unreality, and epitomizes one of the most unhappy defects of *in-group* psychology. It is a very specific, very ancient, and very useless social barricade, the atavistic demon fence that encircles those unfortunates in our own

culture who suffer from mental illness. The twentieth-century perpetuation of such a fence is being directly challenged today and we can, at least, take some pride in the gradual disappearance from the physical boundaries of our mental hospitals of its actual concrete and steel manifestations.

The really troublesome barrier lies, however, within men's minds, and it is here that its pickets of superstition, fear, prejudice, ignorance, and intolerance wreak their havoc. We have come to an uneasy acceptance of the mortality of the flesh, and for a century or two have refrained from stoning the hunchback and the leper. We have yet to face the threatening realization that vagaries of the mind and disorders of the emotions are similarly a part of the human lot. Although we have stopped burning our psychotic fellow men at the stake for their effrontery in becoming ill, we are not quite ready to bring them the same measure of loving concern we easily accord the cripple and the paralytic.

The fence that separates us from an empathetic and perhaps helpful relationship with the mentally and emotionally ill was intended to protect us from the fantastically exaggerated hazards, real and psychological, that contact with these unfortunates was believed to entail. An interesting, although not too surprising, testimony to the skill with which the barricade was erected is that now, when we are far more ready than we have ever been to try to understand and help, we occasionally find that mental-hospital staffs view our fumbling efforts with reserve or open suspicion. The progressive removal, then, of this barbaric fence may involve not only steady and sustained efforts on the part of the community, but also the development of new patterns of feeling by those dedicated individuals who, in their careers of service to the psychiatric invalid, have acquired an inappropriate defensiveness which can no longer discriminate between past rebuffs and honest present concern.

Indignant social demands for corrective action, when some shocking revelation is made regarding conditions in a mental hospital, rarely result in anything more than the reshuffling of a few harried political appointees, while the intermittent enthusiasm for good works that affects all of us temporarily under the influence of a persuasive movie or a best-selling

psychological novel hardly offers a permanent solution to the knotty problem with which our culture is faced.

Undoing the deeply instinctive work of our remotest ancestors can hardly be accomplished within the tick of Eternity's clock accorded us, yet neither the magnitude of the task nor its difficulty need discourage those who remember the sage Chinese axiom that a journey of ten thousand miles starts with a step. That first step can often be taken by representatives of the community's mental-hygiene society. Nothing more complex than a call on the mental-hospital superintendent with the question, "How can we help you do your job?" may be the beginning of surprising things.

Perhaps the most common error the well-intentioned organization can make in this connection is to think in terms of *things* rather than of attitudes and services. It is comparatively easy to organize a bazaar, contribute to a fund, or persuade some local merchant charitably to reduce the price of a television set for the patients on Ward A. Although such material assistance is welcomed by all hospitals, it is by no means the kind of help they most desperately need. The distinction is essentially that between giving a hungry family an occasional basket of food and restoring their self-respect through vocational training, social counseling, productive employment, and community reintegration.

A second frequent error is more subtle, but equally troublesome, and involves the singularly widespread conviction that each of us knows the specific cure for the other man's difficulties. The very woman whose total concept of an automobile is of a mass of metal that is pushed here and twisted there to make it move, the very man who candidly admits his complete bewilderment before the minor complexities of a radio set may—with no other basis for their belief than the conviction itself—conceive of themselves as superbly competent in grasping and solving every human problem. Their panaceas are characteristically reduced to such concise bits of philosophizing as, "Take it easy and you'll be all right," or, "Buck up. It's always darkest before dawn," or that amazing admonition which must be widely believed because it is so often spoken, "It's all your imagination. Just use your will power and you'll snap out of it."

An almost compulsive avoidance of vainglory, a fitting

modesty before the bottomless riddle of personality, and a decent respect for the knowledge of those who have spent a lifetime in one of the most difficult and disquieting fields of human endeavor—all these, when coupled with a firm insistence that the future must be made better than the past, are necessary qualities in the individual who will help most in the destruction of our demon fence.

There is a hospital in one of the plains states which has for years received its patients from widely scattered geographic areas. Visiting days—valuable to the professional staff in securing necessary background information, to the patients in terms of emotional reassurance, and to the families in relieving their anxieties—were major emergencies which had to be regularly struggled through each Tuesday and each Thursday every week of the year. Since baby-sitters are not easily come by on farms, many of the patients' families were obliged to bring with them on their hospital visits children and grandmothers, cousins and aunts. The problems of food, of a clean diaper, of the irritability of fatigue, and of the healthy restlessness of youth were regularly laid on the hospital doorstep, harassing the staff, and not infrequently turning confusion into frank chaos.

A community organization took over. An inexpensive, but charming nursery was erected near the entrance to the hospital grounds and the surrounding area was developed as a fenced playground for older children. A motherly woman wise in the burping of babies and appropriately commiserative in tricycle accidents was employed and placed in charge. She was assisted by a panel of volunteers from the community, each of whom devoted a half-day a month to the work. A men's club provided the playground equipment and a steady supply of toys. Another club saw to it that there was always food for hungry young appetites.

A small city in the Mississippi Valley, where the searing mid-continental heat of summer is wonderful for corn and dreadful for human beings, was famous for two things—the largest mental hospital and the finest public park in the state. The particular seasonal virtue of the latter was a splendid, spring-cooled swimming pool, shaded by trees and largely filled with the ambulant population of the town during the worst of the summer weather. A good many years

passed before the demon fence was breached, but when a small group of thoughtful townspeople managed it, buses from the city's transit company were chartered for two afternoons a week throughout the summer. Volunteers helped the meager hospital staff in the tasks of supervision, and load after load of sweating, miserable patients were given a chance to feel the relief of a cool dip and, perhaps even more important, the interest and the concern of a world from which they may have had good reason to believe they were excluded.

Since hospital afternoons at the pool were restricted to patients, it would be of interest to speculate on the psychological reaction of the entire citizenry thus reminded twice a week that its voluntary sacrifice was contributing to the comfort of men and women about whom it had done little thinking before. Whatever the connection, the superintendent was impressed by the community's heightened interest in the hospital after the inauguration of the swimming program and by a decided increase in requests to help in other ways.

A New England mental hospital had been riddled by scandals, investigated by the state's attorney, and cited by the press as an outstanding example of mismanagement and inefficiency. Public relations were at what appeared to be the lowest possible ebb. The familiar politically-inspired shake-up in the administrative staff occurred and the superintendency was offered to a psychiatrist who, before accepting the appointment, called on the governor and, in effect, stated his terms. When these were agreed to, he moved into the situation. Months of untiring effort lengthened into years as a hospital was laboriously created out of a disreputable institution. It would be impossible to detail the almost endless succession of problems that were faced and mastered, but the new superintendent's first action on assuming his duties does merit our particular attention.

He made an appointment with the editors of the city's two newspapers and, with a frankness with which they were probably unfamiliar, outlined his broad purposes. He invited both men to visit the hospital at their convenience, promising to show them every ward, every cranny, every pesthole. He offered the flat assurance that they or their authorized representatives would be certain at all times of the same reception

and of identical access to all parts of the hospital for as long as he remained in charge. He told them further that he would personally take the responsibility of informing each paper of every injury to a patient in which there was the vaguest suspicion of mistreatment, of every disciplinary action against an employee, of every discharge for cause, of every escape, immediately after he had himself learned of the fact. He shook hands, put on his hat, and left in what one can infer was a silence of total disbelief.

The singular thing was that he did precisely as he had promised. From these small beginnings and against the most serious odds, he struggled tirelessly for community recognition and finally won both the respect of the townspeople and acceptance for his hospital. Years later, when a new and venal state government found him less malleable than was desired in connection with the hospital appointment of certain devoted, but otherwise unqualified party workers, it was noted that efforts to discredit him met with almost savage retaliation from the local press, the chamber of commerce, various citizens' leagues, the board of education, and a large number of businessmen's clubs. The community had taken responsibility for its own.

One hospital makes a practice of opening its doors to the annual meetings of the state's medical societies; another, through the joint efforts of the community and the staff, has established a clubhouse in which the local chapter of Alcoholics Anonymous regularly meets; a third holds monthly dances, with partners of both sexes driving to the hospital from a neighboring college. Several states have well-organized and growing programs for family care, and important work is going forward in a number of areas looking toward the economic reintegration of discharged mental patients in the factories and business establishments of the vicinity.

Some hospitals publish magazines in which articles by ex-patients and staff members are presented, discussing problems common to large groups of the sick as well as to many who will never require psychiatric care. Volunteers take patients on outings and to football games, while an increasing number of communities provide hospitalized patients with such intramural services as instruction in music, handicrafts, and the pictorial arts.

The demon fence that surrounds the psychiatric patient and that is seen in its most distressing form about our mental hospitals can be destroyed only with much effort and great good will. It receives its mortal blow when, along with our suspicions, our fears, and our disgust, we abandon our Pharisaical pride in freedom from the "stigma" of mental illness; when we begin to take the same proprietary pride in our mental hospitals that we do in our high schools; when we finally open our hearts to the homely old satisfactions of being good neighbors.

THE DETROIT SCHOOL MENTAL- HEALTH PROJECT

A FIVE-YEAR REPORT

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FOREWORD

THE project in education for mental health here reported was conducted in the years 1947 through 1952 in Detroit and surrounding communities. It was sponsored by the Committee on Mental Health in the Schools, with the aid of certain units of Wayne University and the University of Michigan. It was designed primarily to help teachers make the school environment even more likely to conserve and promote the mental health of children.

Publication of the report was decided upon in the belief that the experiences described can be of value to school administrators and college officials in conducting activities for fostering mental health in the schools.

No space has been used to explain the importance of mental health. Informed school people are already aware of the far-reaching consequences of the lack of mental health and the need to do everything possible to insure its development.

We wish to express our great appreciation for continuing interest and assistance to the two sponsoring universities, to the other educational and social-service agencies that participated, and to the school systems of the metropolitan Detroit area.

We are grateful for the financial support given throughout the five years by McGregor Fund and the Children's Fund of Michigan and, for one year, by the Kresge Foundation.

Numerous individual psychiatrists, psychologists, educators, and social workers brought to the project high competence in various aspects of mental health. Without the quality of

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their participation as staff members, the program could not have been as effective as it was. To them we are truly grateful. We wish to acknowledge particularly the services of Dr. William W. Wattenberg as coördinator for many of the courses and institutes, and as educational consultant on the program.

The project is being continued.

Probably the ideal way to improve mental health in a community like Detroit, and particularly in its children, would be to establish resources whereby all the parents could help themselves to strengthen their own mental health as self-developing beings. There seemed to be too many parents to reach with the available staff and materials. Teachers were chosen as the next best group through which to raise the level of mental health in the community. Teachers are with children from ages five through seventeen for about twenty-five hours a week. Next to parents, they probably have the greatest influence on children's growing minds—for good or for ill. Since there are only about twelve thousand of them in the metropolitan Detroit area, the task of reaching them is not insuperable. It is the teachers, then, around whom this project has been organized. We have tried to work with them toward the correct comprehension and fostering of mentally healthy school living.

Recent Progress.—The public schools of Detroit and the metropolitan area generally have made a number of significant gains in the field of mental health during the past twenty-five years. First, the new teachers of to-day have much more training in child development and mental health than the new teachers of twenty-five years ago. Second, there are now more special personnel in the schools to work with individual pupils who have problems. These include visiting teachers, psychological-clinic staff, attendance officers, attendance teachers, and counselors. Third, there is more direct teaching of the principles of mental health to children through health-education textbooks, the classes in homemaking, and the classes in family living offered in the intermediate and senior high schools. Fourth, the schools—particularly in Detroit—have an active program of intercultural education and human relations under the continuing sponsorship of teacher com-

mittees in almost all schools. The latter program stresses the importance of people's feelings and supports the mental-hygiene value from another approach.

The Planning Committee.—In the spring of 1947 a local planning committee, representing professional education and psychiatry, was set up to consider next steps for the schools. The committee included about twenty principals, supervisors, psychologists, and other school people, and eight psychiatrists. The group devoted seven evening sessions to the discussion of the whole problem of mental health in the schools and to the drawing up of plans to improve the situation still further. Additional meetings of this group have been held once or twice a year since then for the purpose of reviewing accomplishments and revising plans.

Purpose.—Three rather different proposals for a program for the schools were discussed originally. One was to train teachers to identify the youngsters who most need special help from the visiting teacher, the child-guidance center, or the psychiatrist. Another was to help pupils understand themselves better and to learn something of the principles of mental health—a purpose to which the growing program in education for family living contributes. Both these ideas were acceptable, but it was felt that the most important purpose was to help teachers and school administrators make the living conditions in the school and the classroom more conducive to the development of mental health in the pupils and staff members participating.

Assumptions.—The underlying assumption is that the schoolroom environment will be most conducive to mental health when teachers revere individuality, their own and that of every child (and other person), when they understand how they and the children grow and develop, and when they have skill in discovering and meeting their own basic needs and those of the individual children in their care. Acceptance of children as they are seems essential to their betterment. Teachers are most likely to promote mental health in those associated with them when they truly appreciate that every person's behavior, however relatively harmful, is necessary for that person under the existing circumstances and is the best of which he is capable at that particular time. When a child feels that he has such sympathetic understanding and

encouraging support from his teacher, he will have a real motivation to change himself; he may then be ready for help.

The program is built on the assumption also that teachers can receive help from many different sources—primarily the children themselves; colleagues on the school staff; writings and talks by psychiatrists and other specialists; and films, radio transcriptions, and plays that illustrate the principles of mental health. Heavy reliance has been placed on psychiatrists in the hope that some insights like theirs into human nature and maturation may be developed by teachers.

The Program.—During the five-year period the program has been continually developing, with new approaches and changing directions appearing from time to time. The first major outcome of the deliberations of the planning committee was a proposal for a special course in education for mental health as the most practicable way of reaching large numbers of teachers. It was recognized, however, that books, bulletins, and periodical materials also had a contribution to make.

It was recognized early in the program that not all the teachers in the metropolitan area would take the special course that had been planned. Many of them had taken or were taking other courses on mental health offered by the collegiate institutions in the metropolitan area. Many had other interests and obligations that kept them from giving up an evening a week for a semester. It seemed desirable, therefore, to use other supplementary approaches. One such was what was called an institute, of two or three sessions. Another approach was a series of radio programs presented at the time of the regular teachers' meetings. Still another was the study of the implications of group dynamics for mental health. In this connection attention was given especially to the psychodrama and rôle-playing. Lastly, one-act mental-health plays were used extensively during the fifth year of the program to present the ideal of self-growth with self-insight through yet another medium.

The Beginning Course.—At the outset the Committee on Mental Health in the Schools arranged with the University of Michigan and Wayne University to sponsor and offer jointly a new course in education for mental health. In each institution both the college of education and the department of

psychiatry of the college of medicine participated. The Extension Division of the University of Michigan also coöperated. The course was scheduled as a regular class, meeting one evening a week for sixteen weeks, and gave two hours credit, either graduate or undergraduate. The committee secured grants from local foundations and used a part of the money to subsidize the course to the extent of paying \$8.00 of the tuition cost for each individual teacher. This subsidy was made in order to encourage registrations.

Each class session lasted for two and one-half hours and the time was scheduled to provide for the use of varied techniques. During the first half hour, the entire group were in the auditorium to see films and hear transcriptions of radio programs that dealt with various aspects of human relations and mental health. The next hour was used by a psychiatrist experienced in work with children to present in lecture or panel form the essentials of child growth and the principles of mental health as related to the work of the teacher in the classroom.

For the final hour the class was divided into discussion groups of about thirty or thirty-five members, each under the leadership of a specialist in child growth and human relations. In these small groups the teachers brought up their classroom problems and secured the help of other teachers and of the discussion leader. About every third session, each discussion group had a psychiatrist available as a consultant. Readings were suggested. Each student who took the course for credit was required to submit a term paper which might take the form of a description of one of his pupils whose behavior or attitudes constituted a problem in the classroom. Or the term paper might be a report on some special topic in the field of mental hygiene, intensive study of which the teacher felt would be beneficial to him.

The content of each course varied in accordance with the experience and interest both of the instructors and of the teacher-members of the class. In general the psychiatrist-lecturers included such topics as "The Prevalence of Mental Conflict," "How the Psychiatrist Views Problem Behavior," "The Influence of the Family Constellation," "The Effects of Immediate Preschool Experiences," "The Impact of School on the Child," "Pre-Adolescents and Their Problems,"

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"Development in Adolescence," "Which Children Need Special Help," "Resources for Special Help and How to Use Them," "Nervous Habits," "Aggression and Hostility," "Withdrawing Behavior," "Authority Relationships in the Lives of Children," "Group Atmosphere in the Classroom," and "The Rôle of the Teacher."

The films were chosen to fit in with these topics as completely as possible. The discussion period was devoted to the application to classroom situations of the observations of the psychiatrist. In these discussions teachers were encouraged to present some of their classroom problems for the consideration of the group.

Staff members were sought primarily from the personnel of the colleges of education, medicine, and social work of the two sponsoring universities. Because of the pressure on instructors from other activities in their institutions, many additional persons had to be secured on a part-time basis. This was particularly true of psychiatrists; in consequence, many psychiatrists in private practice in the Detroit area were involved. Likewise, social workers, psychologists, and visiting teachers from social agencies and school systems and institutions of higher learning were selected to serve as discussion leaders. Staff members were paid by the universities in the same manner as for other courses.

For each class, one discussion leader was selected to serve as coördinator. He took responsibility for getting the course organized, for handling registration and records, for selecting the films, for scheduling the psychiatrist-lecturers, for assignment to discussion groups, and for general conduct of the course. He also acted as chairman for the general sessions. He introduced the films and speakers, moderated any panel discussions, and conducted the question period.

A major problem was that of the development of the most effective rapport, especially with the psychiatrist-lecturer and with the teachers in the class. Psychiatrists were usually unacquainted with day-to-day teaching situations in elementary and secondary schools. At first they had difficulty in adapting their presentations to the needs of the teachers. Teachers pressed for specific answers to specific problems they faced. The psychiatrists were hesitant to prescribe specifics without full knowledge of the individual situations

presented, and this was not possible. Consequently there had to be a continuing effort to have the teachers accept the psychiatrists' purpose to clarify the concepts of the process of child growth and development and of the dynamics and rationale of problem behavior, in order that teachers might achieve a fuller understanding of their own pupils in relation to mental health. At the same time the psychiatrists had to adjust their thinking more specifically to the group situations in which teachers work. In general, it seems fair to say that the mutual adaptations by both groups worked out quite well. The discussion-group leaders, having both teaching experience and training in mental health, were able in the discussion period to help bridge the gap.

There were other problems. Parking was difficult because of the size of the groups involved. Locations for the classes were chosen, however, to facilitate parking as much as possible. A greater problem arose from the fact that the class was held in the evening after a full teaching day. Since teachers came long distances from various school systems, the evening hour appeared to be the only practicable period at which a sufficient stretch of time could be obtained.

An unusual feature, during the first three terms the course was offered, was the weekly staff conference at which the entire staff ate dinner together just before the class session. The psychiatrists and the discussion leaders thus were able to share their experiences and to plan better the use of the time in the lecture and discussion periods.

During the first three years, the course was set up separately for teachers in elementary schools and for teachers in secondary schools. Later, both elementary and secondary school teachers were admitted to the beginning course. From the outset, principals and supervisors and superintendents, as well as classroom teachers, were invited and encouraged to enroll. All through the five-year period the course was publicized extensively by printed and oral announcements, not only in the Detroit schools, but also in the other school systems of the metropolitan area within a radius of thirty miles or so. On several occasions the course met in schools outside the city of Detroit. Excellent coöperation was given by the principals and administrators of the Detroit public-school system, and by the superintendents of schools throughout

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the metropolitan area. The large numbers of persons enrolled in the course were due in great part to the interest and support thus expressed by school administrators throughout the area.

From September, 1947, to July, 1952, the course was offered fifteen times, with enrollments as indicated. A total of 2,856 teachers took the class, about two-thirds of them for college credit and one-third for no credit. Enrollment was voluntary.

Fall, 1947	— Elementary Teachers, Rackham Building	762
Spring, 1948	— Elementary Teachers, Rackham Building	397
Fall, 1948	— Elementary Teachers, Central High	270
Spring, 1949	— Secondary Teachers, Central High	123
Spring, 1949	— Secondary Teachers, Cooley High	128
August, 1949	— Elementary Teachers, Wayne University	97
Fall, 1949	— Elementary Teachers, Central High	158
Fall, 1949	— Secondary Teachers, Barbour Intermediate	93
Fall, 1950	— Elementary Teachers, Central High	121
Fall, 1950	— Secondary Teachers, Condon Intermediate	47
Spring, 1951	— Elementary and Secondary Teachers, Central High	80
Spring, 1951	— Elementary and Secondary Teachers, Berkley High	172
Fall, 1951	— Elementary and Secondary Teachers, Denby High	92
Spring, 1952	— Elementary and Secondary Teachers, Central High	150
Spring, 1952	— Elementary and Secondary Teachers, Waterford Township High	166
Total enrollment in beginning course		2,856

A check was made of the enrollments in other classes in mental hygiene offered at Wayne. It was found that the enrollments in these other courses were actually higher in the four years following 1947 than in the four years preceding. It seems probable, therefore, that the more than 2,800 teachers taking this special course were mainly persons who would not otherwise have taken a course in this field.

Follow-Up Appraisal of Beginning Course.—How did the many teachers who took it react to this course? In order to get some evidence on this question, a questionnaire of forty items was devised and sent out in June, 1948, to teachers who had completed the first course in January, 1948. This questionnaire was sent out also to members of each succeeding class about six months or so after its completion. Replies were sent in unsigned and unidentified. The first two sections of the questionnaire dealt with "Your Relations

with Pupils" and "Your Relations with Others." The teachers were asked to compare as honestly as they could their practices then, six months after completing the course, with their practices a year previous, before taking the course. The replies¹ showed that the great majority felt that their relations both with pupils and with other adults were definitely better from the point of view of mental hygiene on practically all the specific points covered by the questionnaire. Teachers believed that they had changed more in their relations with pupils, however, than in their relations with other adults.

The third section of the questionnaire dealt with "Your Reactions to the Course Now, After a Period of Time." About 95 per cent of the teachers answered "Yes" to the question, "All things considered, are you glad you took the course?"

A key question in the inquiry was, "What do you think was the main change in you by taking the course?" Here are some fairly representative answers:

- "I am more likely to accept each child as he is."
- "I felt more adequate in many situations which were previously difficult."
- "I became more tolerant of my pupils' and co-workers' ideas and behavior."
- "It sort of 'smoothed out' some of my tensions."
- "I pay more attention to the quiet child."
- "I don't make so many snap judgments."
- "I cannot detect any major change."
- "I think I understand myself better."
- "I try to give more to the child who needs more because of his lack of parental guidance and understanding."

It is fair to say that the changes most frequently mentioned in the replies were these: more heedful self-observation, a feeling of greater understanding of children, greater patience with them, and greater desire to meet children's basic needs.

No systematic effort was made to find out from principals, supervisors, or others in contact with teachers who took the course what changes, if any, they observed in these teachers.

¹ See, for example, *Follow-Up Evaluation of Beginning Course in Education for Mental Health—Spring 1949, Fall 1950, and Spring 1951*, by Paul T. Rankin. Heetographed manuscript, 1952.

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Many informal comments were heard, however. In general they substantiated the statements made by the teachers themselves. Thus, principals often said that, after taking the course, Miss X was more humane to her pupils, or sent fewer pupils to the office, or seemed to get along better with the parents. The casual comments picked up from visiting teachers were usually to the effect that teachers with whom they worked and who had taken the course were able to deal better with particular children who had problems. Both principals and visiting teachers said that they believed children with problems were being referred earlier by teachers who had been in the course.

The Advanced Course.—The proposal made by the planning committee in 1947 was a single course. Before the first course ended in January, 1948, however, a number of those in attendance expressed a desire for a further course in this area. Many said that they had just got started. Similar expressions came from members of the class the following two semesters. In consequence, an advanced course was offered in the spring semester of 1949.

A new pattern was developed for this advanced course. In order to keep before the teachers the point of view and special preparation of the psychiatrist and at the same time to insure awareness and cognizance of school practice, a team of two instructors was provided—a psychiatrist and an educational psychologist. The class met for a two-hour period, and usually was about double the size of an average college class—approximately seventy members. Ordinarily the entire group stayed together for the full two hours, with both instructors present. Heed was given in the discussion to the problems on which teachers wanted the help of the psychiatrist and the psychologist.

At the end of the five years, 558 of the teachers who had taken the beginning class had taken also the advanced one. As in the case of the beginning course, the elementary- and secondary-school teachers met in separate groups during the first several years of the advanced course. Later, elementary- and secondary-school teachers were intermingled in the same class. In order to make attendance as convenient as possible for the teachers, the course was offered in different localities both in and out of Detroit.

From September, 1947, to July, 1952, the advanced course was offered six times, with enrollments as indicated:

Spring, 1949 — Elementary Teachers, three different sections	224
Spring, 1950 — Elementary Teachers, Wayne University	75
Spring, 1950 — Secondary Teachers, Wayne University	45
Spring, 1951 — Elementary and Secondary Teachers, Central High	85
Fall, 1951 — Elementary and Secondary Teachers, Berkley High	63
Spring, 1952 — Elementary and Secondary Teachers, Highland Park Curriculum Laboratory	66
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Total enrollment in advanced course	558

Brief Institutes.—It became clear during the third year of the project that it probably would not be possible to get all the teachers of the metropolitan area into one of the full-semester courses in education for mental health. The enrollment in the regular course, though still substantial, had decreased each year. Accordingly plans were made, in the fall of 1949, to offer institutes, or very brief courses, for teachers grouped either by position or by geographical proximity to one another. The purpose was to put into three sessions the heart of the entire course and thus bring the principles of mental health to a much larger number of teachers. It was hoped also that attendance at the brief institutes would stimulate interest in taking the full course later.

The general pattern for the institutes was three weekly sessions of two or two and one-half hours each, held either in the late afternoon or in the evening. In each case a psychiatrist served as the lecturer, and in most cases one or more psychologists or social workers were assigned as discussion leaders, with one discussion leader acting as coördinator. The typical schedule was a half-hour for a film, an hour for a lecture by the psychiatrist, and an hour for discussion in small groups under the leadership of persons qualified in education for mental health. As in the case of the classes, attendance was entirely voluntary.

Some of these institutes were set up for groups chosen on the basis of common professional interest, such as the elementary-school principals, sponsored by the organization, Elementary School Principals of Detroit; the superintendents of the metropolitan area, sponsored by the Metropolitan Detroit Bureau of Coöoperative School Studies; the school-

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cafeteria managers; and the special-education teachers of Detroit. In an institute thus organized it was possible for the psychiatrist and the discussion leaders to direct the presentation and discussion in terms of the specialized problems and interest of the particular group of educational workers for whom the institute was planned.

Other institutes were organized on a regional basis. Most of them were conducted for the teachers in the eight elementary-school districts into which Detroit is divided. Each district consists of twenty-five to thirty elementary schools, with approximately six hundred teachers. Usually the institute was sponsored by the principals, the supervising principal, and the district committee and individual school committees on democratic human relations. In most cases the sponsors made quite an occasion of the institutes. Tea and cookies were provided for a brief social period preceding each session, making for good feeling and compensating somewhat for the fact that the institutes usually came at the end of the teaching day.

The pattern of three sessions was not an unvarying one. Some groups had an institute for an entire day. Other groups had one or more sessions for an entire afternoon and evening.

The institutes constituted a successful means of bringing the subject of mental health to the attention of a great number of teachers. There were twenty-seven different institutes with a total of 3,680 teachers and principals and administrators involved. No formal attempt was made to appraise the reactions of those who attended the institutes. Informal comments of many participants, however, indicate that, in general, teachers felt that they had secured new help in conducting their own classes more nearly in accordance with the principles of good mental health.

Special Activities.—In order to reach teachers who had not attended the special courses or one of the institutes, a series of four radio programs was conducted in the fall of 1950. This was presented over the Detroit public schools' own FM station, WDTR, from 3:30 to 4:00 P.M. on Tuesday afternoons at two-week intervals. The time was set to coincide with the regular elementary-school teachers' meetings and the time of many secondary-school teachers' meetings. Principals were asked to have the radios turned on in the teachers' meetings for

that half-hour, and then to encourage discussion afterward. Each program consisted principally of a talk by a psychiatrist, with comments on questions raised by a representative Detroit teacher. The best estimate that can be made of the size of the listening audience in the teachers' meetings in Detroit is about five thousand.

A second special approach was the provision to one school of the services of a psychiatrist for one afternoon a week for most of the first semester of 1950-51. The teachers of the school had been informed that the psychiatrist would be available and had indicated their willingness to have him in their school. He spent the period from 2:00 until the close of school in visiting classrooms, usually at the request of individual teachers. After school he met with those teachers who wished to stay to get his comments on what he had observed and his answers to any questions they might raise.

The principal effect on the teachers seemed to be an increased assurance on their part with regard to their jobs. They said that they felt better after they had talked with the psychiatrist. They welcomed the help he gave in discussing his ideas which he related to some of the individual children about whom they were especially concerned.

The psychiatrist made an extensive report of his reactions to the experience. He thought the hardest concept for the teachers to accept was that of character formation—the necessity of acknowledging being what you are, as a requirement for further growth. Another principle difficult for them to accept was that the effective procedure, instead of their beginning with the pupil and trying to modify his character, was to begin with themselves and their inability to tolerate the pupil. He felt that his presence in the school made it possible to define teachers' needs better, but that it was difficult to work out the best use of the psychiatrist as a consultant in the school. He stated that at times the mental-hygiene classes present materials that the teachers are not ready to work with, and consequently defeat their purpose. He concluded by saying, "I believe our aim should be to pay attention to the mental health of the teacher and her school family, respecting her for what she is and attempting by the best means possible to help her on the spot in the school setting to gain some insight. Attention should be

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directed to helping her use her human qualities artistically."

A third special activity was the consideration of the possible contribution of group dynamics, including the psychodrama and rôle-playing, to teacher understanding and to the improvement of school conditions. Four of the so-called institutes were thus pointed. In two of them a team of psychiatric social workers from Pontiac State Hospital discussed their use of the psychodrama with patients, and illustrated their procedure in dramatic form. A specialist in rôle-playing in therapy conducted the institute for teachers of family living in order to show them how rôle-playing might be used in their classes to help children understand themselves and others better. Similarly two specialists in group dynamics conducted a one-day session of sixty principals to show how rôle-playing might be used with adults to give a better understanding of other people's feelings.

The institutes for superintendents, for secondary-school principals, and for elementary-school principals differed from the general institutes in that the focus was on relationships among adults, and particularly those of administrators and teachers.

Another type of activity which proved to be of considerable value to the participants was the trip to the Children's Unit of the Neuropsychiatric Institute at the University of Michigan Hospital. Two groups—visiting teachers and psychological-clinic workers on one day, and seventy elementary-school principals on the other—spent a half day there. The psychiatrist in charge described general procedures in working with disturbed children. He then had different staff members describe particular cases, telling what they had found out about how illness occurred and how it might be treated.

Films and Recordings.—Both the classes and the institutes made extensive use of appropriate films and transcriptions of radio programs. The usual procedure was to have a brief introductory statement by the coördinator, pointing out some things that should be noted particularly; next to present the film or transcription; and then to have some interpretative comments by the psychiatrist or the psychologist. In some instances, when there was considerable interest, time was taken for a general discussion of what had been seen or heard. No use was made of film forums made up exclusively of films

and accompanying discussion, although there are indications that this might be a good approach to add to those used.

Some of the films that have been used most frequently and that appear to be of greatest general value in the classes and institutes are: *Feelings of Depression*, *Feeling of Hostility*, *Feeling of Rejection*, *Emotional Health*, *The Okinawan*, *This is Robert*, *Children Growing Up With Other People*, *Meeting Emotional Needs in Childhood*, and *Palmour Street*.

In the early phase, transcriptions of the *Doorway to Life* radio series were made available by Station WJR, and were used quite extensively. Transcriptions of radio programs tended to be used less in the later years of the program, partly because of the difficulty in hearing them distinctly in large groups and partly because the members of the group did not appear to find them as helpful as the films. The Menninger recording, *Meet Your Mind*, however, was used throughout the series of classes.

Mental Health Plays.—In 1951 considerable interest developed in the series of one-act plays written by Nora Stirling, of the American Theatre Wing, for The National Association for Mental Health. These plays include the following: *Scattered Showers*, *Fresh Variable Winds*, *High Pressure Areas*, *The Ins and Outs*, and *And You Never Know*. All five are relatively easy to present, for they require no scenery or elaborate costuming. They are short, and each is directed to some one aspect of mental health. They are accompanied by excellent discussion guides prepared by Lawrence K. Frank. The presentation of the plays was made in close coöperation with the Detroit Council of Parent-Teacher Associations, where there already was some interest. The play, *The Ins and Outs*, in particular, and to some extent the others, were demonstrated in sessions for teachers of family living and were used fairly widely in the intermediate and high-school classes in family living. For this project, however, the important contribution was made by presentations at school faculty meetings and at Parent-Teacher Association meetings attended by both parents and teachers. Although the plays were designed primarily for parents—with the exception of *The Ins and Outs*, which was planned for high-school students—trial in faculty meetings demonstrated that they had real value for teachers also.

The procedure was to have two or three schools each prepare a play for presentation to its parent group. Then the school cast was invited to demonstrate the play and the discussion before groups of principals, and later before groups of representative parents from various schools in the district. As a result of this procedure, more and more schools became interested in the use of the plays. The local chapter of the Michigan Society for Mental Health was also active in promoting this program.

Materials.—One way to influence practice in schools is to stimulate and assist teachers through the provision of printed materials that carry the same kind of message as do the courses in education for mental health. Just about the time this project was initiated, the Detroit public-school system distributed to teachers in the kindergarten and the first, second, and third grades copies of the bulletin, *A Pound of Prevention*, by James L. Hymes, Jr. This pamphlet proved so useful and so generally accepted that others of equal value were sought. Among those that have been distributed since are the following: *Mental Hygiene in the Classroom*, by The National Committee for Mental Hygiene; *Teacher, Are These Your Children?*, prepared for use in the New York City Public Schools; *Teacher, Listen, the Children Speak*, by James L. Hymes, Jr.; *An Application to Education of the Needs Theory*, by Louis Raths; *Do's and Don't's of the Needs Theory*, by Louis Raths; and *Self-Understanding—A First Step to Understanding Children*, by William C. Menninger. All these booklets were distributed in quantities of one to five per school in those public schools of the metropolitan area in which interest was shown. In addition, sets of from thirty-five to fifty copies of several of the bulletins were made available for circulation in the Detroit schools in order to make it possible for entire school staffs to devote a meeting to a particular bulletin, with enough copies of the bulletin available to furnish one for each teacher. This appeared to be a particularly effective approach, especially with *Teacher, Listen, the Children Speak*.

The 1950 yearbook of the Association for Supervision and Curriculum Development, entitled *Fostering Mental Health in the Schools*, was a timely and valuable contribution and was publicized widely among the schools. Many schools se-

cured copies for their professional libraries. Copies were provided for the psychiatrist-lecturers to acquaint them more fully with school practices and potentialities.

The quarterly magazine for teachers published by The National Association for Mental Health, *Understanding the Child*, was sent to each elementary and junior high school in the metropolitan area. Thus current material on mental health in schools was furnished to the teachers at least four times each year.

The committee is convinced that these materials—and others that teachers locate themselves—are serving to direct the attention of principals and teachers to mental-health values and are providing help to those who wish to operate more fully in accordance with the nature and development of children.

Support.—The project has been financed by grants from local foundations. McGregor Fund and the Children's Fund of Michigan have made grants in each of the five years. In addition, the Kresge Foundation, made a supplementary grant the first year to meet an anticipated deficit created by a greater response to the courses than had been predicted. The money—\$37,500 in all—has been expended through a special account of the Student Aid Foundation of Michigan, under the direction of the Committee on Mental Health in the Schools, consisting of Paul T. Rankin and John M. Dorsey, M.D.

Mental-Hygiene Perspective: Education by Self-Development.—Education in general and treatment for mental health in particular have the same high goal—namely, the development and integration of the individual, progress in cultivating happy human integrity. This program in education for mental health in the schools has had as its ultimate aim and objective a furtherance of human development. The direction of mental development is from within outward, and not from without inward.

There is a noteworthy lack of fundamental difference among people in the life principles they trust or the educational methods they value. Thus the basic idea, *helping one's self*, may be observed to be common to all. It applies not only to schooling, but also to psychotherapy. In the latter, which is reeducation to mental integration, the measures are efficacious

only to the extent that they serve the joyful spontaneous unfolding which all minds know in their steady growing to ever fuller maturity. The problem and aim in all education is to nourish peaceably the appreciation of the wonderfulness of one's own human being; there can and should be no other. The ideal force of self-growth is inexorable and irresistible, but mostly quiet, and apparent only to the earnest seeker for it.

Only that learning experience has healthy existence within man which he is clearly conscious of as being his very own. All of the educating action occurs in the one who is being educated. Educators have observed that what Pestalozzi meant basically by *immediate perception*, and Froebel by *inner connection*, was living self-activity and not dead imitation or mechanical copying. In Froebel's own words of wisdom, "Education should lead and guide man to clearness concerning himself and in himself"; and "The whole life of man is a life of education"; and "only *that* has real existence for man which has passed in and by clear consciousness, which, as it were, has been born anew in spirit, and indeed (again in the like conscious manner) was recognized not as merely isolated, but as an active member of a greater whole."

Our mental-health courses were conducted so that the teacher had some opportunity to live with his class members and thus expose himself to feeling his own need to grow better, if he would do better. Thus our special consultants grew in our educational service as self-observers. A code of school living is best conceived and upheld by the teacher who observes the classroom as a mental gymnasium for every individual in it, most imperatively including the teacher. Here each learner educates himself, with consciousness of his self-activity. All healthy life is a product of such free growth in a free-growing community. Clearly such "growing together alone" must be based on the self-enlargement that enlivens the insight: Love thy neighbor as thyself. Every child—and most critically the "difficult" one—needs acutely educational opportunity to feel convincingly his worth and dignity as a whole person, instead of as an incomplete human being. Neglect of development in accordance with human nature weakens and sickens.

For achieving mental health, something else entirely is

wanted than foreign implantation—namely, native self-growth, man's finding in himself the center and fulcrum of all his powers and thus the best use of himself. We regard it as particularly the American way of school life to welcome gladly every citizen's discovery that *he* is great, because only thus can he *live up* to his greatness. The pupil ideally goes to school to grow greater, with the life-enhancing awareness that the growing power is his own. There is a powerful germ of truth in the wit's definition of education as "that which remains, if one has forgotten all of the detailed knowledge he learned in school."

The teacher, healthfully conceived, is one in whose working presence the pupil finds himself stimulated to learn, excited to imagine, and, above all, invited to enjoy all of his own living, to acquire all of his life experience so that it develops his self-insight. It is indispensable to the getting of mental strength that the developing infant, child, and adult attend continuously to observation of his own life, without breaks and omissions. Only by living through our school and all other experiences in the sense of owning up to them personally do we meet our growth requirements for becoming stronger.

SUMMARY AND EVALUATION

Varied approaches have been made throughout the five-year period in the effort to help teachers and school administrators improve the school life of the child from the point of view of its usefulness to him in developing his mental health. More than 2,800 teachers took the beginning two-hour credit course in education for mental health. Of this number, 558 took a second and advanced course. Teachers to the number of 3,680 attended shorter institutes in which the same general ideas were presented, though more briefly. About 5,000 teachers, while seated in their teachers' meetings, heard a series of four radio programs addressed specifically to them. The potentialities of group dynamics for improving the emotional environment of children have been explored. A beginning has been made on the use of trips, as another means of interpreting the meaning and importance of mental health. Six different booklets on various aspects of mental health in schools have been distributed widely among the teach-

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ers of the metropolitan area. The magazine for teachers published by The National Association for Mental Health has been subscribed to for the schools of the area. Films, recordings, and plays have all been used.

The project has been extensive rather than intensive. The goal was to work with as many as possible of the ten thousand teachers in six hundred schools in the Detroit metropolitan area, rather than to concentrate on the staffs of one or two schools. Even though the mass approach was considered preferable at this time and place, every effort was made to have the experiences adjusted to each individual teacher. As reporters, we are sensitive to the fact that, though ideas may be presented to several hundred in a group at a time, they are assimilated only by each individual as a self-experience in his own way.

It may be appropriate to point out some by-products of the project. One that seems to be quite clear is that teachers in this area are less likely to look upon mental illness with fear and hopelessness than they were before. Allied to this benefit is the fact that teachers are better able to bear their fear of psychiatrists, and it is believed that they will be more ready to use the services of the psychiatrist and the psychiatric social worker when these are indicated.

Another by-product is that the movement toward more attention to education for family living has been supported and extended by the increased experience teachers had with mental health through the courses and other activities. Teachers are doing more reading in the field of mental health than before, and they are encouraging the use of mental-health films both for pupils and for groups of parents and other adults.

The key question remains: Have teachers and schools changed? If so, have they changed for the better? An occasional teacher may have been troubled by some of the concepts revealed in the courses and institutes. Such teachers, however, constitute an extremely small minority of the total group affected by the experiences provided. We are ourselves convinced that many teachers involved in this program are living and teaching more than before in accordance with the principles of mental health. Teachers have more self-respect, attend more to children, are more humane, are

more considerate with their pupils, conduct themselves in such a way that pupils in their classes are able better to attend to their basic needs.

There appears to be more widespread concern about mental health, not only in the schools, but also in the community. School people are more conscious of the need for visiting teachers, child-guidance centers, and other resources in the school system and the community as a whole. More of them take an active part in such programs as those of the Michigan Society for Mental Health.

Individual schools and school systems are providing more opportunities for their teachers than ever before along the lines of mental health. They are incorporating increasingly, in courses of study and similar publications, the basic ideas relating to mental health and child growth and development. Learning experiences are being geared better to the abilities and needs of the pupils. Regular teachers' meetings are giving consideration periodically to ways of improving mental health in the classroom. Administrators and teachers both have made progress in understanding and in accepting broader viewpoints.

This is not to say that the mental-health problems of the schools of the metropolitan area are solved. Far from it. It does seem, however, that the project has contributed significantly to the goal of making the school a place that conserves and promotes mental health in the children and in the people who work there.

THE CONTRIBUTION OF THE PSYCHIATRIST TO THE SOCIAL WORKER AND TO THE CLIENT *

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THE development of relations between social work and psychiatry has been characterized by a steady growth of understanding and acceptance by each of the other's professional identity and differences. Social work has needed the contributions of the psychiatrist because of the wide prevalence of emotional disturbance among its clients, and psychiatry has needed the assistance of social work in finding and meeting its community responsibilities. Social work has incorporated into its theoretical background the point of view and a good deal of the content of modern dynamic psychiatry, and in turn psychiatry has received immeasurable help from social work in moving out of its hospital ghetto into the free air of community practice.

This close working relationship has undoubtedly also created many problems. Because of the ancient social traditions of medicine, because of the example of the authoritative aspects of the doctor-nurse relation, and because of the relative newness of social work as a profession, social work has on the whole tended to find itself the low man on the totem pole. Many social workers have felt with concern that their profession was becoming too dependent upon psychiatry, and have called for a sharper examination of the relationship as a step toward an affirmation of their professional integrity and independence. Sometimes this has been carried to the point of a complete denial of the value of the psychiatrist's contribution, and at other times it has led to an effort to constrict and delimit too narrowly the consultant function of the psychiatrist.

It is as a so-called consultant to an agency that the psychiatrist is able to make his contribution to the social worker

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and to the client. In this paper I shall raise and discuss those issues that seem to me to be particularly important for an understanding of the consultant function of the psychiatrist in a social agency. The particular questions I shall consider are the following:

1. What is the concept of consultation in general, and how does it apply to our special problem?
2. How does the function of the psychiatrist as consultant differ from the regular supervisory activities of the agency?
3. What contributions may be expected from the psychiatrist, and in what way may they be offered and utilized?
4. What are the responsibilities of the agency for providing suitable working conditions for the psychiatrist?

1. *The Consultant.*—The consultant is the outside expert who is called in to help in solving special difficulties that arise in the course of everyday practice. He is not responsible for the regular administrative or functional operation of the organization. He may propose in any area of policy or work, but he does not dispose. He may have opinions and offer suggestions in relation even to the most basic problems of an organization, such as its stated goals and objectives, but his is not the responsibility either for decision or implementation.

One may put it this way: The consultant is not a link in the chain of command. His obligations and authority need to be clear and defined, but in general they lie outside the scheme of routine organization structure. He can say, "This is what I think should be done," but he does not have to see to it that it is done. He can point out the consequences of this or that course of action, the implications of various procedures, and the advantages and disadvantages involved in maintaining or discontinuing any particular policies, but it is up to the organization to evaluate his suggestions, and to integrate them into their daily routines.

One of the strengths of the consultant is his freedom from everyday detail and past patterns of commitment. He is free to advocate a new idea or a new approach because he is not identified with the old. He can be a detached observer because he is not caught in the mesh of personal feeling and personal relations that have gathered around old procedures and policies. In particular, as long as he is not a regular

staff member, he does not have to contend with the conflict of loyalties that always entangles the conflict of issues.

When the consultant rôle is outlined in this way, it must become clear that the psychiatrist in a social agency does not quite fit the pattern. The most important point of difference is that the psychiatrist is usually employed as a regular member of the staff. His consultant function is ongoing and not intermittent; he is the inside and no longer the outside expert. This shift in the psychiatrist's situation parallels a shift in function. He is not only concerned with the solution of problems presented by clients; he is also called upon to participate in programs of staff development. In other words, the psychiatrist in the social agency functions as teacher as well as consultant. We still use the term "consultant," but we have added a new dimension, the educational function.

It is not easy to make clear just why the psychiatrist should be needed for in-service training in a social-work agency. One might think that it would have particular value in an agency employing many untrained workers, but actually this is not the case, since the most thoughtful and most fruitful use of psychiatric time has been in agencies with skilled workers and with a very high level of case-work practice. It must be quite apparent that the psychiatrist has little to offer as a case-work teacher, since after all this is not his field of competence. And yet one would hesitate to say that what he has to teach is unrelated to case-work practice.

Here, then, is a dilemma that cannot be resolved except by looking at the present trend in the relations between case-work and psychiatry from a point of view that is not embarrassed by too rigid a concept of differentiation of function between the two disciplines—*i.e.*, from a point of view that accepts the need for interdisciplinary coöperation in the behavior field, and looks for sources of enrichment and strength in such interdisciplinary relations.

2. *Supervisor and Psychiatric Consultant.*—The supervisor is responsible for the case-work practice of the agency, for implementation of policy, and incidentally for staff development. The routinization of the supervisor's rôle interferes considerably with the stimulative effects of her activities. She is interested, after all, in maintaining consistency and

smoothness of performance. Perhaps the most important contribution she can make is in helping her workers to realize their best potentialities for self-disciplined and self-reliant utilization of their skills.

The psychiatric consultant, on the other hand, does not or should not need to interest himself in the operation of the agency as such, since presumably this is being taken care of through the routine process of supervision. He should know the purposes and policies of the agency, but only as a frame of orientation. He can give his attention entirely to the immediate situation on which he is asked to consult. His field of interest includes a dynamic diagnostic impression of the client, an understanding of the worker-client relationship, and an awareness of the problems of the worker, her anxieties, her psychological comprehension and limitations, her personal biases and blind spots. It is within the totality of this field of interest that the practice of consultation must find its way.

The case-work supervisor meets the same kinds of problem, but with a much greater concern for relating her activity to the function of the agency, its place in the community, and its public or social responsibilities. The supervisory process, then, clears the way for the psychiatrist to give his undivided attention to the emergent stresses and conflicts in the worker-client relationship, and to the separate problems of client and worker. He focuses, however, on the specific problem of the worker; in a fundamental sense, therefore, his efforts are primarily worker-oriented, and secondarily client-oriented. Of the supervisor's activities, on the other hand, one may say that they are primarily agency-oriented, secondarily client-oriented, and finally worker-oriented.

The supervisor functions directly as a teacher in orienting the new or young worker to the requirements of the particular agency. As the worker acquires more experience in the agency, supervision becomes more a matter of the sharing of problems, and hierarchical differentiations should then tend to be minimized. If the supervisor has to continue to exercise authority, one would look for some failure in her supervisory practice, or some basic defects in the skills or capacities of the worker.

In psychiatric consultation, the emphasis should always be

on the sharing of problems. However, sharing by supervisor and worker goes on against the backdrop of a common professional experience, while worker and psychiatrist try to find common ground out of diverse professional backgrounds.

3. The Contribution of the Psychiatric Consultant.—I have suggested, in a previous discussion of this subject,¹ that the most significant contribution that the psychiatrist can make as consultant is to offer the worker a certain *quality of reassurance*. Whatever this quality may be, it contains at least the following elements: It allows the worker an opportunity for relief of the anxieties stimulated by the particular client; it accepts the validity of her skills and her efforts—i.e., respects her professional rôle and competence; and finally it maintains her sense of personal and professional integrity.

The psychiatrist's consultation is reassuring to workers because, after all, they do have to deal with a great many individuals who display severe personality disturbances, and an often alarming depth of psychopathology. The great majority of social-agency clients, in addition, live under conditions of economic privation and insecurity, which often make them inaccessible to direct psychiatric treatment. The presenting complaint is usually not psychological, but social, and, therefore, very properly lies within the province of the worker. On the other hand, psychological conflict is ever present, and while it does not interfere in every case, it is often a sufficiently powerful force to cause disquiet and unease in the worker who is conscientiously attempting to meet her client's needs.

Where the worker does not understand the psychological interplay in the client's personality, and particularly where it actively interferes, as it so often does, with the help that she can offer, then the worker must, in self-protection, harden herself, dull her perceptions, and blunt her sensitivities, or become the victim of a nagging flow of anxiety. If she can be assured, through psychiatric consultation, that she is not remiss in carrying out her responsibilities, if she can come to understand the client's motivations and the limitations of case-work or psychiatric help, then she can go on with her

¹ See "Psychiatric Consultation in Case Work Agencies," by Jules V. Coleman, *American Journal of Orthopsychiatry*, Vol. 17, pp. 533-39, July, 1947.

job in a clarified reality atmosphere. It is difficult for workers, or for any one else, recognizing how much is needed, to face a growing accumulation of fear of not doing as much as might be done. Reassured about what cannot be done, one may then often do a great deal more than might at first have seemed possible.

Whether the psychiatrist sees the client himself, should in general be his own responsibility to decide. If we think of consultation as worker-oriented, then the main emphasis would be on the help that can be offered the worker. It is advisable not to establish a routine of having the psychiatrist see every client for whom consultation is requested, since this would tend to establish a program of psychiatric service rather than one of psychiatric consultation, and this is justified in very few agencies. It is certainly inappropriate in a welfare or placement agency, where the social services themselves promise the most effective method of relieving client anxieties. And it is questionable whether any kind of social-work agency should or can organically incorporate a program of psychiatric-treatment service.

In a family agency, where the presenting request for help is often an emotional or interpersonal difficulty, rather than economic or social breakdown, the contribution of the psychiatric consultant may still follow the same pattern. Family agencies are extending their services into areas of problems that not very long ago were considered to be clearly the domain of psychiatry. That they are able to do so is a tribute to the effectiveness of the collaboration between dynamic psychiatry and social-work teaching and practice.

It must still be evident, however, that the social worker cannot be trained in psychopathology and psychodynamics and equally as well in social pathology and social process. Such a training program would probably require many more years of graduate instruction, and would still leave unsolved the problem of harmonizing the present-day social orientation of the social worker with the medico-biological, individualistic approach of the psychiatrist. It may be possible to create a new socio-psychologic discipline as a substitute for present-day social work, but if this were done, there would still be a need for a large corps of trained workers to meet the pressing demands of the victims of social disorganization, and this

still seems to be the major and inescapable responsibility of social work as a profession.

It seems to me that the problem in the family agency's direct work with the emotionally disturbed client must still be formulated in conceptual terms that are consistent with the developmental traditions of social work as a profession, and not in terms of the concepts of another discipline. In other words, it seems to me that, regardless of setting, social work in all its case-work practice must find a common denominator of psychological orientation, a framework of psychological concepts that is in keeping with its traditional rôle and the variety of professional activities for which it assumes responsibility.¹

4. *The Responsibilities of the Agency.*—What requirements should an agency set up for itself before it brings in a psychiatric consultant? The first and most important is that it must have enough trained workers to facilitate selection of cases for consultation and to permit the proper integration of the psychiatrist's contributions into everyday practice. It is important that the agency should know what its own responsibilities are, and should not expect the psychiatrist to act as a substitute for trained workers. It is particularly important that supervisory personnel be well-trained in order to minimize the possibilities of friction and rivalry.

It should be kept in mind that there are very few psychiatrists indeed who have any kind of training for the rôle of consultant. The graduate training programs in psychiatry give very little if any attention to this phase of psychiatric activity, even though it is actually rather widely practiced at the present time, and will probably be even more in demand as time goes on. This means in effect that the agency will usually have to provide its own training opportunities for psychiatrists whom they wish to employ as consultants. It is simply impossible for untrained workers to establish a thoughtful and meaningful learning experience for a psychiatrist inexperienced in this field.

It is conceivable that an agency with untrained workers may wish to use a psychiatrist for in-service training, but this is an unreasonable plan, since there is again nothing in

¹ See "Psychotherapeutic Principles in Casework Interviewing," by Jules V. Coleman. *American Journal of Psychiatry*, Vol. 108, pp. 298-302, October, 1951.

the training of the psychiatrist that could qualify him to teach others how to do social work. Furthermore, it is an extremely difficult matter for untrained workers outside of a school setting to incorporate into their thinking the complicated and subtle concepts and orientations of modern dynamic psychiatry. On the other hand, a large agency with an experienced group of trained supervisors, and at least a nucleus of trained workers, may find a psychiatrist a valuable ally and collaborator in carrying out an in-service training program.

In the matter of the selection of the psychiatrist, I do not believe that one should take the position that any is better than none. On the contrary, a psychiatrist who cannot adapt himself to the special demands of this kind of work experience is infinitely worse than none. It is not just a matter of training in dynamic psychiatry, particularly psychoanalysis, although this is essential. Nor is it just a matter of interest, although this, too, is essential. Of crucial importance is the psychiatrist's capacity to relate himself to the staff in a way that will provide a maximum of the *quality of reassurance* I have mentioned above, with a minimum need for the exercise of impulses of control and domination. This calls for a psychiatrist who can make his own professional contribution while according to his social-work colleagues a full measure of respect for their professional contribution and a full and rich appreciation of the meaningfulness and dignity of the professional status of social work.

On the other hand, I would like to stress that the contribution of the psychiatrist is not his responsibility alone, but also depends to a very considerable extent on how clearly and thoughtfully workers are able to formulate and present their problems for the psychiatrist's consideration. An extremely valuable aspect of consultation is that it provides the worker with a stimulating opportunity to rethink a particularly complicated client problem outside of the pressures of everyday routine.

I would not like to conclude these remarks without returning for a moment to a question that I raised, but did not fully explore earlier in this paper. I am referring to the educational function of the psychiatric consultant. The content of the psychiatrist's teaching is largely in the areas of psychodynamics, psychopathology, and the technical aspects

of treatment management. The psychiatrist is interested in evaluating personality and behavior, tracing patterns of disturbance, and clarifying the client's response to his life situation and particularly the client-worker relationship. However, he offers his observations and opinions not as a teacher to a student, but as a consultant to another professional worker. The source of his authority is in his knowledge and not in his relative status.

On the other hand, this is not entirely a consultant function because the psychiatrist also learns from the worker. He does so not only in order to do a better job in his work with the agency, but also for the enrichment of his own professional understanding. In the social-agency setting, then, the psychiatrist is more than an inside expert. He is also a participant in a process in which he has a vital professional stake. He engages himself in a two-way learning experience in order that the client may be better served.

In the last analysis, all our concerns and considerations are important only as they lead to improved service to clients. As consultant to a social agency, the psychiatrist has a unique opportunity to work professionally in the interests of a large number of distressed and harassed people who, with more than their share of personality disturbance, would not otherwise be able to find, or are not otherwise accessible to, psychological treatment. In his social-agency work, the psychiatrist has the opportunity to learn that treatment of emotional disturbance is not the exclusive domain of psychiatry, but is a general social function in which many kinds of agencies—and, for that matter, many kinds of social institutions—participate.

To summarize briefly, I have discussed the work of the psychiatrist in a social agency in its consultative, educational, and participant aspects. I have considered the separate responsibilities of psychiatrist and agency in creating those optimum conditions of collaboration that best serve the psychiatrist-worker relationship and, as a result, the worker-client relationship. The psychiatrist may offer the worker reassurance and support, and may share with her his understanding of the client's behavior. The psychiatrist has the opportunity to learn something of the integrative or destructive effects of social forces on personality. He may learn

to appreciate the creative potentials of personality integration in the face of severe economic and social stress.

In their work together, psychiatrists and social workers have demonstrated the rich possibilities for the extension of dynamic insights to many hitherto unattainable therapeutic objectives.

LIFE IS THERAPEUTIC

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PROFESSIONAL people have long looked upon it as virtually axiomatic that mental breakdown occurs in crisis situations, that long dormant neuroses and psychoses come to dominate an individual as a result of some life crisis. In other words, life itself has come to be regarded as a causative factor in mental breakdown. The impact upon a poorly integrated personality of an unforeseen or unexpectedly difficult life situation results in certain collapses within that personality.

What we have lost sight of is that life is also therapeutic. Given the proper life situations, many of these disintegrating personalities reintegrate themselves. This is recognized even in our folk knowledge. Epigrams concerning it can be traced as far back as Hippocrates' pronouncement, "Healing is a matter of time," and Terence's, "Time assuages sorrow."

The common people have always recognized that one of the best treatments for soreness of the spirit, for disintegration brought on by crisis, is simply to let life run its course. In time the stricken personality will reintegrate itself as a more normal routine establishes itself.

Of course this may have been an easier matter in a simpler culture, where primary groups adjusted themselves as much to the stricken soul as the latter made adjustments it did not fully comprehend. But the principle remains true even in our more complex modern culture.

Every college counselor is aware of the fact that mental breakdowns increase during examination periods. Yet many of these same personalities that seem incapable of meeting the crisis of an examination, later, when given the responsibilities and recognition usually accorded the college graduate, reintegrate themselves and become wholesome, well-rounded personalities. Many neurotic tendencies that have persisted over a period of years, reaching their climaxes in the crises of adolescence and youth, disappear in the later years of com-

munity recognition. Quite often marriage and the emotional satisfaction it brings (response and emotional security—the feeling that one does mean something to some one else) are sufficient to bring an end to the neurotic trend. Douglas Campbell, the psychiatrist, once wrote that a certain patient had at last "accepted life."¹ The particular incident prompting this remark was the birth of a son to this patient and her husband.

In a recent study of juvenile delinquency,² Austin L. Porterfield, after finding that the college student has just as much of a tendency toward delinquency as the child of the slums—though he is less often charged with his offenses—wrote:

"The association of the college student has been distinguished from that of the court cases as much by having a wider and more versatile range as by anything else. His participation in group life has not been limited to a group and cultural level so low and impoverished as that of the less fortunate child. . . . [When he] graduates from high school, he goes to college. In college he feels that he 'has a future,' that his life will unfold in a socially respected, if not always uprightly conducted, vocation and a home of his own. He will have status in the community, and the range of his social participation will grow."

In other words, delinquency is a common trait of all adolescents. The child, however, who grows into a man with responsibilities and status in the community sloughs off these tendencies. Life itself has furnished the needed therapy.

Time after time I observed this in the army. Some soldier who had received no military recognition (more often than not he had been more fortunate in his pre-army status) turned in upon himself and reached a state in which he was unfit for duty—even to the point of psychosis. This same man, given a job that implied recognition and which he could handle to his own satisfaction, found himself forgetting all about the things on which he had previously brooded. A life situation had intervened to pull him out of the mental slump into which he had permitted himself to fall.

One such situation in particular occurs to me. The man was on his way to an overseas theater. His company commander asked me to speak to him, saying that he had been

¹ A personal communication.

² "Delinquency and Its Outcome in Court and College," by Austin L. Porterfield. *American Journal of Sociology*, Vol. 49, pp. 199-208, November, 1943.

brooding about something. I found that the man was thoroughly discouraged. He had a wife and three children at home. He couldn't see how they could possibly live on the allotment the government gave and what he could spare out of his own pay, a total of about \$125 a month. He had been earning twice that before coming into the army. He just couldn't see how the family could survive. He said nothing about suicide, but several things in his speech led me to believe he was contemplating such an act as a means of furnishing them with some extra money.

Further discussion revealed, too, that he had been in the army less than three months and felt that he was being treated very unfairly to be sent out so soon, when so many others who had been on duty for several years were permitted to remain behind. He was thoroughly convinced that he would not return home alive. The government was sending him out to virtual death. (He was an infantryman and had evidently heard how badly some infantry units had fared, although he was apparently not aware of how few units actually see heavy action.) In other words, he could see no light at all in the picture and no amount of reasoning could raise the pall that hung over his thoughts.

I told the company commander that it might be wise to watch him lest he do something drastic and the company commander agreed. The next day, however, he made the man acting squad leader. Within a few days one could almost see his shoulders lift and a new light come into his eye. He took his responsibilities seriously and soon his worries had left him almost completely. A new life situation, with recognition and responsibility, had ended a very dangerous trend.

Another case comes to mind of a college student who was abnormally introspective. He felt that every one about him was making fun of him, although he was almost universally respected for his brilliant mind and pleasant disposition. He feared to become intimate with any woman for fear she would take advantage of him and ridicule him. One woman virtually threw herself at him physically, and in spite of his awareness of what was happening, he pretended not to know what was going on for fear she would later spread stories of how he had tried to seduce her. His fear of women was such that he

frequently masturbated before a date. This, of course, made him feel secure. His sexual need was not so great but what he could hold the woman at a safe distance.

Upon graduating from college, he received a very desirable teaching job, one that all of his fellow classmates had sought. It turned out to be one with a good deal of status that demanded administrative abilities of a high order. He found himself in constant contact with the public and intimate contact with various individuals. He found that they were coming to him for what he had to offer. Before he was aware of it, he had lost all his self-consciousness in public. He was so busy that he had no time to worry about what others thought of him. And to his surprise, he found that they all thought highly of him. Even his relations with women became more normal and a happy marriage resulted. An excessive introversion was transformed by a life situation into a very wholesome extroversion.

Still another case illustrates this process very aptly. A young man with quite effeminate characteristics was working in a stone quarry. Stone-cutters are a pretty rough-and-ready lot and they made life miserable for him. He was called "Gertrude" to his face. He knew that they were ridiculing him and were referring to him as a homosexual. As a matter of fact, he had had no homosexual experiences and had not thought of having any—although this does not preclude the possibility that had he been exposed to the proper situation, he would not have quickly become a homosexual. Certainly his inclination to lay his hand upon the arm or shoulder of any one with whom he talked would indicate such a tendency.

At any rate, he came to me broken-hearted. What could be done to gain the respect of the men with whom he worked? I told him I thought that there was no chance of his doing that. We surveyed his handicaps and advantages and came to the conclusion that he had better secure the type of job in which he could work pretty much to himself and not be constantly thrown with the "he-man" type of work gang.

His face brightened as he said, "I've sometimes thought of becoming a watch-maker."

"Capital," I answered. "You should begin looking about for some means of getting the proper training and apprenticeship."

Although he remained on the quarry job for some weeks after that, he straightened up and was able to meet most of his fellow workers man to man, for he was now on the road to a job in which he wouldn't have to worry about their attitude toward him. His spare time was spent in correspondence and interviews as he sought to establish the proper connections to enable him to become a watch-maker. The possibility of recognition in a field in which dexterity counted for far more than crude strength had enabled him to surmount a crisis that might well have been a breaking point for him.

My contention is this: Any mild personality problem will disappear if the individual is put in a situation in which he receives some recognition. Our job is, therefore, to help our clients to a reorientation that will enable them to place themselves in a situation in which some degree of recognition is possible for them. Of course, this is not always feasible, but as the work of our clinics receives wider recognition, as personal counseling becomes more or less matter of course, we may be able to help these individuals into situations in which the desired recognition can be obtained.

Many devices can contribute to this. One of the most helpful is the use of vocational-aptitude tests. Confronted with such a frustrated personality, if we can quickly determine his vocational aptitudes, we will be in a much better position to help him into a field in which recognition will be most likely to follow.

Placement is an important adjunct to this process. If those who are doing personal counseling were in a position to make recommendations to employment or personnel bureaus, this would expedite the matter greatly. In a few cases I found sympathetic personnel officers in army organizations who were willing to assist me in such reassessments of frustrated men. The army, however, is such a vast and impersonal organization that we were not always able to achieve the desired results in such placement.

Education is another important adjunct. If funds are available for the specialized training of those individuals who definitely cannot fit into a run-of-the-mill situation, we are well on our way to solving some of these problems. Here, too, educators and counselors will have to learn to work together.

One last word as a sort of appendix should follow: Many a

personality problem results from poor administration. I have in mind one army company that came to my attention. About half of my personality problems came from this one company. Home situations were driving the men frantic; they had not been given a square deal in the army, etc., etc. Many of them even came up for neuropsychiatric examination.

Suddenly the number of men from this particular company coming to me and the medical officer dropped to less than half its previous average. We immediately inquired as to the reason. A new company commander had taken over and completely revamped the company. Non-coms who had been bullying their men were put in their place. Skilled workmen who had received no recognition were put in jobs for which they were fitted. Instead of being suspicious of his men and constantly criticizing them, this young company commander identified himself so completely with them that he was actually taking their point of view to higher echelons, even when this point of view was obviously prejudiced and partisan. The result was that the men worked together in greater harmony. There was less personal friction within the organization, and family and personality problems tended to take their properly subordinate place.

In all likelihood, a change of administration in many of our business establishments would reduce the number of personality problems. A man happy in his job is less likely to brood over his problems than one who feels frustrated on his job.

Essentially our task, in most cases of minor personality problems, is to try to establish them in an environment in which the problems will assume their proper proportions. We must let nature take her course, but seek to coöperate with her as much as possible. Time is therapeutic. Time *does* heal. But we have to give time the best circumstances under which to work. Otherwise time may actually deepen the crisis instead of alleviating it.

As Hippocrates said, "Healing is a matter of time, but it is sometimes also a matter of opportunity."

A GUIDE TO A COMMUNITY COMMITTEE ON THE MENTAL HEALTH OF THE AGED

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A GREAT amount of interest, time, expenditures, research, and clinical talent in the mental-health field has been devoted to the mental health of children and young adults. Behind this focus there is the assumption, supported by the experience of physicians, educators, social workers, clergymen, and others, that "as the twig is bent, the tree's inclined."

But there are tremendous twists that affect people far past the sapling stage. We know that people have their psychological storms that twist and break them later in life, whereas the twig can more easily spring back. The old trunk is more rigid. Changes occur in the bodies of old people that make it necessary to deal as carefully with them as the pediatrician has to deal with the child. Strong emotion is apt to impair clear thinking in the most vigorous of us, but ridicule, callous handling, punishment, in the case of an oldster, may destroy his thin and shaky balance and throw him into an isolation that does not tend to heal itself. Still, we know that mental impairment is not an inevitable result of aging and that the greater freedom that often comes only in later years may be the open sesame to genius and fame, as with Grandma Moses.

An important part of the program of every mental-health association—on the national, state, and local levels—should be a concern for the mental health of old people. The details of general organization of a local mental-health organization, including principles that are helpful to its committees, will be found in the pamphlets, *Manual for Organizing State and Local Mental Hygiene Societies*, and *Evaluation of Community Needs and Resources for Mental Health*, by Marian McBee and Marjorie Frank.¹

¹ Both pamphlets can be obtained from The National Association for Mental Health, 1790 Broadway, New York 19, N. Y., the first at 50 cents a copy, the second at 25 cents.

Local mental-health associations have access to the resources of the state association for mental health as well as those of the national headquarters of The National Association for Mental Health, directly or through the state association, to help them with all aspects of their work, including their committees.

The Committee on Mental Health of the Aged.—The size of the local committee on the mental health of older people is not too important. It is more important that it be composed of interested or potentially interested, vigorous, active members. Should the committee find itself with many members, perhaps more than ten, it can divide its work. It can make the task of each member easier by assigning different phases of its work to subcommittees, such as subcommittees on the mental health of old persons at home, in the hospital, and in special homes. Whatever the method of appointing the chairman of the committee, it is good sense to have the committee itself, except for its first chairman, express its opinion as to potential chairmen, since it soon becomes the best judge of promising leadership. Inactivity is one of the most serious threats to the effectiveness of committee work, and all committees should guard against drifting into inactivity, as a holiday, a storm, or the absence of the chairman may interfere with the holding of a meeting. A regular meeting time is one excellent safeguard and no meeting should adjourn without having a clear decision as to the time of the next one.

Developing the members of the committee is fundamental. It must be assumed, whether or not it be true, that most of the members of such a committee will have had little experience in this field, and that the first task of the committee will be to increase its own understanding. To this end it should study selected literature, such as pamphlets and books that interpret the mental-health problems of older people and point out what may be done for them. The following list of readings is suggested, with information as to where the material may be obtained:

SUGGESTED READINGS

Constructive Programs for the Mental Health of the Elderly, by Frederick D. Zeman, (Reprint from MENTAL HYGIENE, Vol. 35, pp. 221-34, April, 1951.) National Association for Mental Health, 10¢.

Community Action for the Aging. New York State Association of Councils of Social Agencies, 105 East 22nd Street, New York 10, N. Y. 20¢.

Recent Trends in Mental Hospital Care, by Albert Deutsch. National Association for Mental Health. 5¢.

On the Positive Side. (Published by the American Psychiatric Association Mental Hospital Service.) National Association for Mental Health. 50¢.

Education for a Long, Useful Life, by Homer Kempfer. (Bulletin 1950, No. 6, Federal Security Agency, Office of Education.) U. S. Government Printing Office, Washington 5, D. C. 20¢.

Mental Health Needs of the Aged, by Robert H. Felix. (Reprint from the General Federation Clubwoman, Vol. 31, pp. 11-12, 22, March, 1951.) Federal Security Agency, Public Health Service, National Institute of Mental Health, Bethesda 14, Md. Free.

The Problem of the Aged Patient in the Public Psychiatric Hospital. Group for the Advancement of Psychiatry, 3617 West Sixth Street, Topeka, Kansas. Report No. 14, August, 1950. 10¢.

Mental Health Programs of the 48 States. Council of State Governments, 1313 East 60th Street, Chicago 37, Ill. \$4.00.

Happiness in Old Age, by George Lawton, (Reprint from MENTAL HYGIENE, Vol. 27, pp. 231-37, April, 1943.) National Association for Mental Health. 10¢.

Recreation and Mental Health, by William C. Menninger. (Reprint from Recreation, Vol. 42, pp. 340-6, November, 1948.) National Recreation Association, 315 Fourth Ave., New York 10, N. Y. 10¢.

The Golden Age. New York State Department of Mental Hygiene, Albany, N. Y., 1949. 5¢.

When You Grow Older, by George Lawton and Maxwell S. Stewart. (Public Affairs Pamphlet No. 131.) National Association for Mental Health. 20¢.

Aging. Office of Publications and Reports, Federal Security Agency, Washington 25, D. C. Free.

Each member of the committee may be assigned a publication to study and report on. New publications will, of course, appear from time to time and information as to these will often be brought to the attention of the local association by the state association or the headquarters of The National Association for Mental Health.

Discussion literature reports may be the subject of the initial meetings. These reports and other pertinent material should become a part of a file of the committee and be helpful in orienting new members who are added to the committee after it has got into swing. Such new members can also be helped by reading the more important articles themselves and discussing these with individual members of the committee.

An example of such a report follows. The points italicized

high-light the mental-health elements in their larger context and indicate matters of special interest to a community committee. The title of this report—*Findings and Recommendations of the New York State Joint Legislative Committee on Problems of the Aging*—is a good indication of its content. This is the third report of the Joint Legislative Committee on Problems of the Aging. The first, *Birthdays Do Not Count*, deals with the medical and economic problems of the aging; the second, *Never Too Old*, with employment conditions. The content of this third report is stated by the introduction as follows:

“... society shuts the older person out of productive, useful life. Somehow, in our national race for expansion and wealth, we have overlooked not only some fundamental human values, but also some productive values. For with all the tremendous talent and energy that bless our wonderful American youngsters, we can ill afford, in terms of dollars and cents, to lose the ‘know-how’ and productive power of our 45-plus, 55-plus, and 65-plus groups. . . .

“But when millions of older persons face the slow death of forced retirement, when millions of persons face the hidden disaster of old age and relief rolls, when thousands of oldsters are thrust into mental hospitals although all they need is love and understanding, when millions of oldsters are consigned to a lonely old age, we move at a painfully slow rate. . . . we in our neighborhoods, our communities, states, and nation have the wealth, the energy, the technical skill to see to it that our older persons have a chance to make their later years happy years. . . . Industry itself, confused as it is about its relationship to the elderly, arbitrarily banning the hiring of older persons, spends nearly a billion dollars a year for pensions, and grants generous privileges to its senior workers. . . .

“If you work in a plant that has a compulsory retirement system, . . . it is sheer folly to do nothing to prepare yourself for the day when you will be retired. . . . Of course, coöperative action will be needed when individuals cannot cope with their own problems. That is why social agencies, medical groups, and government need to wake up to the growing challenge that already confronts us.”

The report specifies twelve areas of neglect of the aged as follows:

1. Inadequate social-security payments.
2. Lack of study of ways of preventing old-age dependence.
3. Improper placement of oldsters in state hospitals.
4. Unnecessary retirement at sixty-five.
5. Refusal to hire men over forty-five and women over thirty-five.
6. Forced retirement.
7. Barring old people from housing projects.
8. Ignoring the recreational needs of old people.
9. Inadequate treatment for the chronically ill.

10. Inadequate supervision of homes for the aged to prevent abuses.
11. Bad county homes.
12. *Ignoring the psychological needs of the aged.*

The report then goes on to point out that we allow these abuses to take place because the public has not demanded better services for the aged. The committee has concentrated its attention on the following six areas:

1. Employment problems of the elderly.
2. *Health needs.*
3. Recreational needs.
4. Integration of state programs.
5. *Community services.*
6. *Development of informed medical, industrial, social-work, and religious leaders.*

In its work, the committee has been guided by five principles for dealing with oldsters:

1. Activity is a biological need.
2. Oldsters must feel useful and wanted.
3. Aging is a personal and local matter.
4. Many approaches need to be encouraged.
5. Preparation for old age should begin early.

The committee has cast about for concrete instances of activities that have been tried enough to be given serious consideration by any community. It senses some new trends as follows:

1. Old people are being viewed as a national resource.
2. *Medical discoveries with regard to the diseases of old age are being made.*
3. *There is more serious attention to the quality of homes and nursing homes.*
4. A national committee on aging is being planned.
5. *Professional education in health and welfare, including the needs of the aged, is improving.*
6. Economic security for the aged is being pressed.

The committee then spells out the financial stake of New York State in the problem of the aged and the state activities in their behalf as follows:

The state education department provides vocational rehabilitation and promotes courses for older people.

The insurance department supervises pension and retirement funds.

The welfare department develops and explores standards for nursing and old-age homes, supervises old-age grants, receives appeals on grants.

The labor department maintains a file of successful jobs for the old; job placement.

The department of mental hygiene develops cottage-care, foster-home, and family-care services for the old in mental hospitals.

The housing department provides housing.

The health department focuses on old age.

The state provides a retirement fund for state employees.

The banking department supervises bank savings as trustees of pension funds.

The report outlines the components of community programs for the aged as follows:

1. Permanent job finding.
2. Research.
3. Services for the chronically ill—home care, housekeeping, clinical services.
4. *Improvement of nursing homes and old-age homes.*
5. Educational opportunities.
6. Geriatric programs in the health department.
7. Citizen coöordinating groups.
8. Community education.
9. Financial counsel.
10. *Mental-health programs.*

The report mentions also state, local, and federal coöperation. The last three-quarters of the report is devoted to details of these categories of work.

Acquaintance with the literature, as exemplified by this report, is important also in helping the community committee to decide what it may recommend for general use with the public. And it will be helped not only in its study of the community, but in formulating its recommendations and in placing them in some order of importance. The various publications will also identify the authorities in the field upon whom the committee may call for advice in making decisions that require technical knowledge. Its study of the community will also reveal persons with special competence in this area who may be residing in its territory.

A Few Facts.—From such reading, the committee will learn that about a third of those admitted to mental hospitals are diagnosed as having one or another of two common mental disorders resulting from old age—senile dementia, diffuse deterioration; or psychosis with arteriosclerosis. Some patients have these disorders in very mild form, such as mild

impairment of memory. But it may be necessary for them to be in our mental hospitals because the crowding and hazards of home life make it hard, if not impossible, to care for them under modern conditions. For example, they may be left alone during the day because every one is away at work, or they may sleep poorly at night and keep the family awake. They may turn on the gas and forget it.

Old persons of this type can be cared for better by some other arrangement than a mental hospital, but most communities to-day have no alternative. We do not know what percentage of the patients in our mental hospitals need not have been placed there, because there is no case study to tell us. There is no firm agreement among authorities as to the kind of home in which these non-psychotic old people should live, whether foster homes, segregated cottage communities, or congregate institutions. While one-third of the patients admitted to the hospitals have mental disorders due to old age, the life expectancy of these patients is very short and nearly all of them die within a year's time. For that reason they do not accumulate and make up a high percentage of the population of the hospitals. They amount to about 12 per cent of the total. Some have suggested separate hospitals for old patients, but the concentration of such patients in one location would take them further from their communities and make it hard to get competent staff.

While much of the discussion is focused upon removing the aged from our state hospitals, there is a tendency to ignore the possibility that some who are not in these hospitals may really belong there. Many of these old people are outside their own homes in nursing homes or in hospitals for chronic illness, which lack the staff and facilities to care for psychiatric problems. Psychiatric consultants for such homes and hospitals may be an adequate solution for some of these problems. Other cases may need to be hospitalized in a mental hospital.

But mental illness among old people is only a small part of their total mental-health problem. Like the rest of us, old people are mentally healthier when they employ their talents and contribute to their own support. Hardly a day passes but that each of us is confronted with mental-health problems of people who are growing old. They have anxieties about

making ends meet, about the narrowing circle of contemporary friends, about retirement and their inability to maintain the pace of earlier years. There are the little notes that the aged write to themselves as safeguards against declining memory, usually to be forgotten either because there is no memory impairment, but only fear of it, and notes are unnecessary, or because memory has declined so far that the notes also are forgotten. These are all mental-health problems, some more thoroughly so than others. Gross loss of memory may be undisturbing, but the twilight of faded memory produces confusions of people, time, and incidents that result at times in weird delusions.

Some of these patients are confused as a result of their poor memory because the memory of old people tends to weaken first for recent events. It is, therefore, helpful and less confusing to them if they can be kept in their old haunts and with familiar faces, instead of being placed among entirely new people in new places.

These problems of old people can be softened if understanding citizens will study them and give of their time, along with other citizens, in a joint effort to solve them. In this way the impotence of the citizen working alone may be replaced by the strength that comes from being a part of an organization with a focus, such as a mental-health association.

What Is the Community Doing?—The next step for the committee is to learn what is being done for or to the mental health of old people in its community. To get a full perspective on the mental-health problems of older people in the community, the committee should to a certain degree be acquainted with all of the community activities that have to do with old people, such as recreational and other group activities. This will provide the framework within which the mental-health aspects may be studied. There may be other active study committees of the local association, and care should be taken that there is no duplication—rather a joining of forces to obtain needed facts relating to the various committees.

The committee should also not limit itself to its own community, but see what is going on in other accessible communities and in agencies under state and national auspices.

This should be done through or in coördination with the state mental-health association, to avoid duplication.

As in the case of reading, studies of the needs and resources can be made by having one or two members of the committee cover each activity and report on it. From these individual studies, certain activities will stand out as being so significant that the whole committee may wish to find out more about them.

The first task of the committee is to find out where to look for these activities. There are a number of community agencies that can tell where things are going on that will be of concern to it. The list given in *Evaluation of Community Resources for Mental Health*, previously referred to, will be of help here. These agencies will not be found in every community, nor is the list itself complete. However, by assigning one or more of these contacts to each member of the committee, just as was done with the literature, a surprising amount of work can be done. A list of visits and studies can be developed and the reports on these will constitute an important foundation for the committee's work. The plans for visits should, however, be cleared with the board in order that representatives of several committees may work together in visiting any one place.

An example of a report to the board of directors of a local mental-health association of a field visit by a committee on mental health of the aged is the following:

"It was a lovely day in late October when the Committee, accompanied by a social worker, visited the Colony for the Aged.

"A cluster of small cottages, filled with busy, happy, independent old people, watched over by a warm-hearted, competent woman, able to guide them, yet let them alone—that is the Colony, incorporated in 1937. It is well worth a visit and any one who goes will receive a warm welcome at the Community House. This plan for providing independence with security, privacy with companionship, good living on a small income, is unique. The Colony is the life work of an unusually fine person. Devoted, enthusiastic, yet practical, the idea was hers. Its accomplishment is due to her and her board of control. No public funds, no profits are involved. There is no regimentation, but guidance and help are there if needed.

"With the founder giving the first 'push,' thirteen tiny cottages and a Community House were built by W.P.A. Each has city water, sewer connections, gas, and electricity, and is insulated. Each has a third of an acre of land. At first the rent was \$8.00, to-day it is \$10.00, a month and the number of cottages has grown to 29, some larger, many owned by

those who could afford to build them. These will belong to the Colony eventually.

"Located in sandy, pine-covered country, dry and mild, with only a step from house to yard, health is easy to maintain. Many people were gardening. One man's yard was filled to the brim with pansy plants and it was evident that he had given many to his neighbors. Self-help and good-will seemed to be productive of mental health, too. Every one we met was smiling, interested, cheerful. 'They are seldom sick,' we were told. 'If they are seriously ill, there is a hospital nearby. But generally the need to look after themselves is a powerful stimulant.' We were told of one man, whose wife had died recently, who was still able to go along although crippled with arthritis. A neighbor looked in every morning.

"One of our Committee, familiar with work in this field, was deeply impressed. She felt that such a plan might be a possibility for our county. Planning for the old is becoming more urgent with every year. At the recent National Conference on Aging, it was stated that New Hampshire in 1948 had the highest percentage of people over 65, 10 in every hundred. New Jersey was not far behind with 7.3 per hundred.

"Out of the eleven million people in the United States aged 65 or over, 3½ million had no money income of their own. Seven and one-half million had some, but for many it was less than \$500 a year. It is for people like these that the Colony was established. Over the fireplace in the Community House is this inscription: 'Dedicated to those in the twilight of life who seek Peace, Harmony, Contentment.' "

This colony plan is on the fringe rather than the center of a mental-health program, yet it is important as reflecting a service the absence of which often leaves the state hospital as the only recourse for dealing with adjustment problems of the elderly.

From contacts with various agencies in their community and from their general knowledge, the committee will be able to discover what is being done or should be done by the churches for old people. It will find the social agencies that are confronted with the problems of older people; the mental hospitals to which residents of the community would go when mentally ill; industries that may be confronted with problems of retirement; agencies that may give retirement counsel and assistance or vocational help; general hospitals; public-health agencies; and nursing homes. A report of the problems found in one community is given below. This is an initial report and, therefore, incomplete as an assessment of the community:

"1. The superintendent of our state hospital reports that old patients with limited memory defects are being sent to his hospital because a more appropriate agency does not exist in our community.

"2. There is a shortage of boarding homes and nursing homes for mildly affected old people.

"3. There is a lack of recreational opportunity for the old people of our community.

"4. Housing and other changes in families make it difficult for the hospitals to return to the community those old people whom it has been successful in restoring to fitness for community life.

"5. There is a lack of general public understanding of the mental-health problems of old people.

"6. The mental hospital lacks sufficient social-service staff to give the follow-up assistance that old people need after leaving the hospital.

"This is only a partial statement of the findings of your committee on mental health and old age. Further reports and recommendations will follow."

Planning.—In the course of their community survey, the Committee on Old Age will find out who in the community are carrying responsibility or exercising authority with respect to the mental health of old age. These authorities may have dreams that they have not been able to bring to fruition and frustrations that need to be overcome which the committee should know about. These people can do more in one visit to help the committee clarify the mental-health problems of the aged, and to plan what can be done about them, than the committee alone could accomplish in many months.

The committee will need to come to some appreciation of the relative urgency of certain problems and to make a selection for its initial attention. It should be in a position to present a report to the general board of the local mental-health organization. This report should cover the broader scope, the specific mental-health problems and needs of the aged, the areas chosen for initial attention, and the recommendations for action. The recommendations should be very specific as to *what* things need to be done, *by whom* they should be done, *when* they should be done, and *how* they should be done—that is, as to the plan of action. It should clarify the points at which its work impinges on that of other committees in the organization and it should, if possible, have made contact with these other committees for joint consideration of the areas that overlap. Also, in its plan it should point out how administrative committees of the organization, such as those concerned with legislation and public education, may be of help. It is, however, the task of the board

of the association, or other body to which it is reporting, to look for unseen areas of overlap and for statements not adequately supported by authority and fact.

The following are examples of recommendations:

"1. The committee recommends the following: (1) There is need for education of the community with respect to the needs of old people and conditions affecting them—such things as what families need to know and how to prepare for old age. It is recommended that this education be carried out through the same media as are used by the association for education with respect to other age groups, through public meetings, through securing of published materials from national organizations, and through the activities of the public education committee in getting organized groups such as service clubs and churches to include mental health in their regular programs.

"2. It is recommended that the county medical society be urged to prepare and distribute on request a leaflet which would help aged persons to find aid in meeting their medical needs, and that the chairman of the committee on old age carry this responsibility.

"3. It is recommended that the local social-service agency provide counseling service to old people who are considering entering homes, in order that they may make a choice in keeping with their individual mental state and needs, and that they be asked to establish housekeeping services for elderly persons in their own homes. It is suggested that this be accomplished through discussions between the executive of the local social-welfare agency and either a committee on old age of the mental-health association or another committee that can undertake the project.

"4. It is recommended that the committee on volunteers develop a volunteer service to old people in their own homes, possibly under church auspices, and that they be given special preparation for dealing with those having mild mental deviation.

"5. It is recommended that the association give its support to the Salvation Army's program for elderly women, providing for education, worship, fellowship, recreation, and service, and that it urge the extension of these services to other communities in the county and also to elderly men."

Getting Into Action.—Sometimes a recommendation calls for little further action by the committee itself, but rather for action by the legislative, by other committees, or through public education. Before action is begun, the committee should have its recommendations accepted and, if it is to participate in the action, should be given authority to proceed. From time to time the committee should report back to the hospital field-study committee of the board of the association and also should bring in additional recommendations for consideration. It should work closely with other committees that

may be carrying out its recommendations and make its members available to such committees as those on public education and legislation, which may have the know-how of their work, but not the specific information about the mental-health problems of old age. The board will set up a committee to carry out accepted recommendations.

It will soon become evident to any such committee that it is faced with a long-time, continuing task, and as it carries out this task, it will develop an understanding that will enable it to provide exceptional leadership in its community.

THE CHAPLAIN AS A MEMBER OF THE DIAGNOSTIC CLINICAL TEAM

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ACH of the well-established professional disciplines accepted to-day as an essential member of the clinical team has had its unique struggle in attempting to establish the particular contribution it has to make in the total diagnosis and treatment of the emotionally disturbed person. I refer, of course, to clinical psychology, psychiatric social work, and psychiatry. Even to-day, however, these disciplines, which we who are intimately involved in this work consider essential to an adequate and complete clinical evaluation, are not everywhere accepted to this same degree. Now another profession, the ministry, which is also concerned with the adjustment of people, both emotional and social, has begun to extend its interests and contributions beyond the long-established traditional rôle into clinical field work.

In 1925, a new program of training Protestant clergymen for work in hospitals and correctional institutions was begun by Dr. Anton T. Boison at the Worcester State Hospital, Worcester, Massachusetts. To-day there are probably few, if any, state mental hospitals, general hospitals, training schools, or prisons that do not have full-time or consultant chaplains on their staffs. The Council for Clinical Training, Inc., under the direction of the Reverend Mr. Frederick C. Kuether, is to-day a well-integrated organization, established to provide Protestant ministers with clinical training for more inclusive parish and institution practice.

For many years the Roman Catholic Church has had among its religious Orders the Viatorian Community, whose primary function is to train priests for educational and medical institution work.

The rôle of the religious leader in the clinical setting as pastor and religious counselor has become well-established and much has been written on the various aspects of such

work. Therefore, this paper will not discuss in any detail this phase of the chaplain's work within the clinical institution. The particular phase that will be discussed is one unique in the chaplain's work within this setting and concerns the chaplain as a member of the diagnostic clinical team.

Early in 1949, under the present administration at the Illinois State Training School for Boys, the division of religious services was integrated as an equal member into the clinic team. Two full-time chaplains, one a Protestant minister and the other a Catholic priest, comprised this division. A Jewish rabbi served in a consultant capacity. It was the opinion of the administrative and clinical staffs that the addition of the religious leader's contributions to the diagnostic study of the delinquent child would provide more complete understanding of each case than that obtained by means of the traditional diagnostic procedure. Prior to the above date, the school chaplains occasionally sat in at staff meetings and rendered their opinions concerning certain boys, but not as regular clinic-team participants.

It was fully realized by the staff members that this move was novel and experimental. They also recognized that the future success of this action depended largely upon the fact that it was not an innovation initiated by the administration and forced upon the regular clinic members, but that prior to these changes the plan was fully discussed, both as to its advantages and disadvantages, by all key clinic and administrative personnel and was unanimously agreed upon before being instituted. Actually, practically the only scepticism as to the value of the chaplain in this rôle came from the chaplains themselves. Their anxieties centered around the question of how they would fit in with the other members, to what degree their findings and opinions would be accepted, and how best to organize their interview so that it would be of the most clinical value.

The administrative and clinical staffs were also fully aware that these additional members of the clinic team could not be just any graduate theologians who had had clinical training, but that they required, in addition to specialized training and experience, certain personality characteristics that would qualify them for this type of relationship, the most important of which is intuitive understanding of the needs of emotionally

maladjusted children. The Illinois Training School for Boys was fortunate in having two resident chaplains with the desired extensive clinical training and experience together with the necessary personality characteristics. For this reason, the staff felt encouraged in undertaking the new venture.

This enlarged clinical team, composed of representatives of four disciplines instead of the usual three, has now been functioning for over three years. The arrangement has been completely accepted by every one, and the staff would be very reluctant to go back to the former, less inclusive team, for these men have increased significantly the total understanding of individual case dynamics and personality structure. Also, there has occurred a cementing of professional relationships between the ministerial and psychiatric disciplines ordinarily not thought possible or even advisable.

Certain questions have no doubt arisen in the reader's mind as to how the chaplain functions in this new capacity.

What does the chaplain's interview consist of that makes it different from that of the other members of the diagnostic team?

What information is revealed in this examination that gives it unique contributing qualities?

To what extent does this interview duplicate or conflict with the social worker's or the psychiatrist's examination?

How much religion is involved in the interview and in what way?

These are a few of the questions that present themselves and they can best be answered by a discussion of the function of the chaplain in this new rôle, together with a brief report of abstracts from three cases which illustrate how certain psychodynamics and psychopathology are often brought to light by the information obtained, which frequently confirm or refute questions raised by other examinations.

During the intake period, the chaplain, like the other workers, has a regularly scheduled time for interviewing a new boy. Following the completion of the interview, the chaplain writes up a report comprising his significant findings and resultant opinions for presentation at the diagnostic and treatment staff which takes place during the third or fourth week after a boy's admission to the institution.

Among the areas investigated during the interview are:

1. Personal religious history, including education, church attendance, religious attitudes, and religious conceptions, which includes frequentation of the sacraments by the boys of Catholic faith.

A common inquiry concerns the boy's spontaneous and immediate recollections of religious historical stories and events, which have often revealed evidence of some very interesting emotional conflicts, material similar in value to the early memories recalled in the psychiatrist's examination.

2. Family religious history, including church attendance and interest, and determination as to whether religious interest is of a healthy or a pathological character.

3. Reactions of the boy during interview, including general appearance, reactions to chaplain, reactions and attitude to the discussion of parents, and reactions to the discussion of sexual material with a chaplain.

4. The chaplain's impressions, including such considerations as degree of conscience formation and patient's ability to utilize this mental function; character development as revealed in patient's manner and degree of religious integration into his daily life; general ego strength in relation to the possibilities for treatment; and type and degree of treatment indicated.

At the diagnostic staffing, the chaplain presents his report and renders his recommendations along with the other team members, and then enters into the discussion of all plans formulated in each individual case.

To illustrate how the information obtained in the chaplain's interview has been helpful, I cite extracts from three cases:

1. John S., when asked to recall a story from religious history, could offer only the incident of the hair-cutting scene from the tale of Samson and Delilah, but this he remembered in detail. It was noted that in relating the anecdote, he manifested more overt anxiety than usual. Examinations by the other clinic disciplines revealed that the youth had severe castration fears which were related to his early-life relationship with a strict, punitive mother and a weak, passive, submissive father.

2. Another child, Billy R., recalled most vividly the story of David and Goliath, and as he was relating the incident it was observed that he identified strongly with David. When this clue was investigated further and later discussed with the other clinical staff members, there was revealed the presence of strong, hostile, and aggressive feelings toward

an older, stronger brother with whom the patient had always been very competitive.

3. Jerry A., the third case, had expressed deep interest in religious conversion during his interview with the Protestant chaplain. Following up this lead, the chaplain was able to learn much of the dynamics of this boy's environmental background and personality development. It was revealed that conversion had the significance of rebellion against a strong dependent attachment to overprotective parents and, hence, expression and liberation of his individuality, which Jerry unconsciously felt was being smothered. The delinquent behavior of this boy, as one might suspect, had much the same basis.

Many other cases could be cited in which the chaplain's additional and unique information added greatly to the understanding of the boy and his difficulties, but these three cases serve to indicate two of the ways in which such studies are of value.

In emphasizing this new and additional function of the chaplain in the institution, depreciation of his traditional rôle as religious leader among the boys is not intended. This function should never be neglected or minimized.

The chaplains at the Illinois Training School for Boys function also as counselors and psychotherapists in certain cases assigned to them at the diagnostic staffing, much as cases are assigned to the psychiatric case-workers, psychologists, and psychiatrists. Psychiatric supervision is provided when needed for treatment cases carried by the chaplains. Individual treatment by the chaplain does not concern itself primarily with the religious aspects of a boy's life nor does it attempt merely superficial reëstablishment of moral and ethical codes. Social and personal readjustment and growth is brought about through understanding and through the proper handling of the conflicted and underdeveloped personalities of the boys so assigned.

To date, the dual rôle of the chaplain as diagnostician and therapist, on the one hand, and religious leader on the other has not proved conflictive, but on the contrary, has been mutually beneficial to both aspects of the chaplain's work. In fact, it has given the rôle of the religious leader a broader and more dynamic definition within an institution where the total combined efforts of all personnel are directed toward the rehabilitation of socially and emotionally maladjusted children.

REPORT OF AN EXPERIENCE IN THE APPLICATION OF DYNAMIC PSY- CHIATRY IN EDUCATION

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THE purpose of this paper is to report an experience the author had with five groups of teachers, totaling in all 229, in five different communities in Massachusetts during the past two years. The author met each of these groups for fifteen two-hour sessions in which an attempt was made to impart to them an understanding of the dynamics of human behavior, to help them understand the children in the classroom, themselves, and the interaction between themselves and their classes.

In working with disturbed children, we have noted that the failure of the teacher to understand the behavior of certain children frequently contributes materially to their disturbance and magnifies the problem with which the school has to contend. We often see school problems in children that are primarily created by the school through rules or procedures on the part of the school personnel that arouse resentful feeling and reaction in children, thus creating artificial disciplinary problems.

While it is rarely that we attribute disturbances in children primarily to the school, there are many instances in which a little understanding on the part of the teacher of the meaning of a child's behavior can contribute greatly toward helping the child to overcome or to handle the difficulties. We also know that many more problems arise out of the teacher's own personality needs to control children rigidly, to extract rigid conformances, to express sadistic feelings, or to receive evidences of affection from the children, failure to receive such evidences resulting in hostile, aggressive behavior on the part of the teacher.

The objective of the project was to see to what extent the feeling, thinking, and action of the teachers can be influenced by imparting to them an understanding of human behavior.

While no attempt was made to convert the teachers into psychotherapists, it was hoped that some method could be found to help them understand their interactions with the students, so that they would not be overwhelmed by some of the behavior problems in the classroom, would develop greater self-confidence in dealing with them, and in the end would not only do a better job with their children, but also be more comfortable in what they are doing. While we did not expect to change the personalities of the teachers with undue neurotic needs, we hoped that the increased understanding would help the average teacher to deal with average problems and to recognize the more severe problems that should be referred to experts in the field.

During the year 1948, the Massachusetts Society for Mental Hygiene was desirous of introducing mental-hygiene activities in the schools of Massachusetts, and had as its first project the introduction of the use of the Bullis material in the schools.¹ In attempting to use this material, they found that it was necessary to prepare the teachers not only technically, but in such a manner that they would themselves understand the material and the subject. There seemed to be little trouble in getting the teachers interested, but ways had to be found to present the material in an acceptable and digestible manner and to obtain the proper instructor.

It was found to be very desirable that the teachers obtain credits for the course toward university degrees and advancement. There was a long period of choosing instructors and negotiations with various authorities to accredit the course. The greatest difficulty encountered was the latter.

After many months of negotiation, the first group of teachers was organized in the town of Leominster, Massachusetts, by Dr. Libbie B. Bower, School Project Consultant of the Massachusetts Society for Mental Hygiene. The group was sponsored and the course taught under the jurisdiction of the Harvard-Boston University Extension Courses. The university advertised the course among teachers in the vicinity, registered the teachers, collected tuition, and paid the instructor.

Generally, the sponsorship by the university was a decided

¹ See *Human Relations in the Classroom*, by H. Edmund Bullis and Emily E. O'Malley. Wilmington: The Delaware State Society for Mental Hygiene, 1948.

advantage and relieved both the society and the instructor of all administrative responsibilities. The one disadvantage was that the university insisted upon a minimal registration of forty, which was more than double the number originally planned for by the author. The author had planned on groups of no more than from fifteen to twenty, which would permit of relatively free discussion and free interaction between the members of the group and the leader, with relatively little dependence upon didactic material. But since it was necessary to get the sponsorship of the university and they were unable to accept any smaller registration, some compromise method had to be used and, somewhat empirically, the author set up the plan employed.

The composition of the groups was mixed in many respects. They came from grade schools, junior-high schools, and high schools. They were made up mostly of teachers, with some principals, supervisors, guidance counselors, and school nurses. Many of them were well motivated by really being informed as to what to expect in the course and really sought to get something from psychiatry that would help them, but there were a good many members of the group who entered the course for the sole purpose of conveniently picking up a couple of university credits, which they may have needed for a degree or to satisfy the requirements of their school system for promotion or increase in salary. Most of them had little idea of what we were going to do or what kind of material would be presented. Most of them had had numerous courses in psychology and mental hygiene before, but none of them had ever been exposed to the dynamic approach to understanding of human behavior.

In every group, from 15 to 20 per cent dropped out of the course before the fourth session. This was permitted without loss of fee, and perhaps served as a safety valve to eliminate all people who might be too much threatened by the technique used. For statistical purposes, only those who finished the course were counted.

The first course was conducted in Leominster, Massachusetts, in the spring of 1949, and had 41 registrants. The second group, in Gardner, Massachusetts, had 54 members; and the third group in Needham, Massachusetts, 51 members. Both of these courses were held in the fall of 1949. The

fourth group, in Holden, Massachusetts, held in the spring of 1950, had 30, and the fifth group, in Dedham, Massachusetts, in the fall of 1950, 53 registrants. The total for all groups was 229.

The course consisted of fifteen two-hour sessions for which the university granted two credit hours and charged twenty dollars tuition for each student. This was later raised to twenty-four dollars. The university furnished a library suggested by the author. They also required that there be outside assignments, and while they did not specifically require any examination, they did require that each student be graded at the end of the course.

The library was made available to students, but no reading was required. Reading was suggested from time to time, but the students were definitely told that they were not expected to do any outside reading for the course. The thirty-hour period was divided as follows: approximately one-third to one-half was devoted to didactic lectures; one-third was devoted to discussion of the presented material; and one-third of the time was devoted to free discussion, interaction within the group, and discussion of the assignments.

The students were required to study two cases during the course. The first case was studied piecemeal, the assignments being made in each session for the succeeding session; whereas for the second case study, they were given a mimeographed form to follow. The students were told at the outset that there would be no examination in the class, but that grades would be based upon participation within the classroom and on the written assignments turned in.

The didactic lectures were planned in such a way as to present the genetic development of personality from the psychoanalytic point of view. The didactic-lecture material was organized as follows: The first lecture was an introduction in which the concept of the unconscious and its influences upon personality development were brought out. The author usually introduced the course with the statement that we live in an orderly world in which everything happens for reasons, although the reasons are not always apparent; that this is as true in human behavior as in other fields; and that the reasons for human behavior may not be obvious in consciousness, but that unconscious explanations always do exist for behavior.

Usually incidents in the classroom, such as certain habits, dress, and behavior of members of the group, were used for illustration. This worked rather well in that it readily enabled most of the members in the group to participate and break the feeling of distance between the author and the teachers.

The second lecture dealt with cultural, religious, and national predeterminants; the third, with the influences of attitudes of parents prior to conception and after conception, and parental reaction to the birth of the child; the fourth, with the constitutional, physical, and hereditary influences and the primitive needs of the newborn child. The fifth lecture continued the discussion of the primary instinctual needs of the newborn, and attempted to lay a foundation for the concept of instincts, instinctual drives, and their expression. The sixth dealt primarily with the oral needs; the seventh, with the early ego differentiation, the anal drives, and their part in later character formation, attitudes, and creativeness. The eighth, ninth, and tenth sessions were devoted to discussion of the Oedipal period in both male and female and the importance of this period to the personality development and adult sexual attitudes. The eleventh dealt with the latency period. The twelfth and thirteenth were given up to a discussion of pre-adolescence and adolescence. The final two sessions were used to discuss certain specific problems of learning or other important behavioral symptoms that might not have been accounted for previously or that needed further emphasis.

The lectures would take anywhere from thirty minutes to an hour. The students were encouraged to interrupt and ask questions at any time. In some groups there were free interruptions with questions. In others the teachers would refrain from asking questions until they were specifically asked to do so. There was a liberal use of case material for illustration of various points and whenever possible some of the teachers' cases were used for illustrations. There was generally a pretty lively question period afterwards.

A great deal of stress was placed upon the two case studies the teachers were to do. They were encouraged to take children in their classes, but if these were not available, they could use as their subject any one with whom they had had contact who was not related to them or living in the same household with them. The first case was studied piecemeal, assignments

being made at the end of each session for the next session. In these assignments the attempt was made to help the teachers to focus finely, observe carefully, and make good use of what they saw or heard or felt. The assignments for the first case were as follows:

1. Description of the subject: Describe the subject as you see him or her and tell exactly what is going on as if you were painting a picture without giving any opinion or judgments, or entering into any conversation; purely observation.
2. Casual conversation with the subject, in which the conversation is entirely undirected without any interrogation. It can be a conversation of only a few minutes, but there should be a report of everything that goes on during this brief interval.
3. Brief interview with the subject in which direct questions are asked, but not of a personal nature.
4. Brief interview with the child in which direct personal questions are asked.
5. Observation of the child in a situation with other children.
6. Report of reactions of others to the child, and what they say about the subject.
7. Developmental history of the subject.
8. Family background, giving as much information as possible regarding family and their attitudes toward one another and in particular toward the subject.
9. School and health history of child.
10. Summary of case. Opinion of this case, conclusions as to what, if anything, is wrong with the subject and why, and suggestions for remedial measures.

The students were asked to turn in their papers at the beginning of each session and one or more of the papers were picked out by the author for discussion. The discussion focused upon whatever might be revealed in the paper about the teacher or the subject. The name of the teacher whose paper was discussed was never announced, so as to avoid undue embarrassment or anxiety. During the first few sessions, a great deal of anxiety was displayed when the various ways in which the teacher revealed her unconscious through her own writing were discussed. Many of the teachers, during subsequent sessions, held on to their papers until the end of

the hour in order not to have their papers discussed, and this was openly tolerated without criticism.

The second case study was assigned after the tenth session, and the teachers had five weeks in which to take care of that assignment. They were given a mimeographed outline to guide them, but were not expected to follow it rigidly. The outline was given to them as an indication of all the factors they were expected to consider, but they were to write up the case in narrative form in accordance with their own judgment. These case studies were most useful in judging the value of the procedure, in that the difference in outlook and attitude of the teachers in their handling of the first case against the second case was often quite startling and on the whole most encouraging. It is perhaps the one very definite indication that something happened to these teachers during those thirty hours.

The most difficult part of the program to manage was the group interaction. The author quickly gave up the idea of learning the names of all members of the group, and felt that it was neither possible nor desirable to force all members to participate in a group ranging from thirty to fifty-four.

After a few sessions, the anxiety seemed to increase and the group became reluctant to enter into much activity. After the first experience, it appeared desirable not to let a tense situation in the classroom carry over to another session, but to try to resolve the situation within that session. Care had to be exercised not to draw into the discussion extremely sensitive individuals, and gradually to rely upon the "good sport" concept in having teachers enter into group discussions. Hostility was not permitted to develop openly until the fifth or sixth session. Before this, any hostile remark would be ignored, but after this hostile feelings toward the leader were encouraged and explored with complete acceptance and approval.

Hostile attacks by members of the group toward one another were permitted to develop, but when the feelings got too strong, the leader came to the rescue with some interpretative remarks or by focusing attention upon a member of the attacking group. It appeared from later comments that these rescuing maneuvers by the leader were greatly appreciated and contributed to a very positive feeling toward the leader.

There were in each group at least one or more aggressive, hostile people with a need to annoy the group and the leader. It was impossible to ignore them, so the leader exposed them each time the attack came and the group seemed to coöperate wholeheartedly in each instance. It is not known whether this discouraged others from engaging in such tactics, or whether there just happened to be one in each group.

After two or three sessions these members quieted down, and in one case withdrew from the group. The one person who withdrew had apparently had a good deal of psychological training and came in with theoretical armament to serve his cause. He became so uncomfortable because of the hostility of the group that he disappeared after the third session.

During the didactic lectures and discussions the policy was not to introduce any new terminology—medical, psychiatric, psychoanalytic, or otherwise—unless it was absolutely indispensable for clarity, and then the terms were carefully defined. From time to time members of the group would use terms not used in the classroom and they would be asked to define and clarify what they meant as if the author did not know the meaning of the term. It was felt that giving them a new vocabulary would confuse them and perhaps become an obstacle to real understanding of the material.

Since most, if not all, of the teachers had never had any personal contact with a psychiatrist before, and did not know what to expect, there was great cautiousness at first. A good deal of scepticism was expressed during the first few sessions, as well as a great deal of curiosity as to what the function of a psychiatrist is. So far as it did not deviate from the main stream of discussion, an attempt was made to satisfy their curiosity and remove the halo or horns from the psychiatrist. No matter what happened, the author at all times showed an easy-going, patient, kindly, unruffled disposition.

The author frequently questioned what was done and attempted to get at the motives for certain behavior and incidents in the classroom, but was never openly critical. The class was conducted as informally as possible, yet in a dignified manner. The informality seemed in contrast to the teachers' previous classroom experiences and contributed to a rather relaxed atmosphere. Large, oversized rooms were

deliberately refused, and even though crowded, a smaller room was always chosen.

This easy, relaxed atmosphere allowed for the development of many situations similar to the situations one might expect to encounter in the usual classroom, such as boisterous conversations, which would delay the beginning of the class, delay in returning from the five-minute recess between hours, conversations by small groups that would disturb the rest of the group, and so on. These situations were deliberately encouraged and were used during discussion periods to determine their meaning and the best methods of handling them. The handling of these situations usually produced a good deal of anxiety, but with it there was spirited participation.

The author was always mindful of the usual personality make-up of teachers and their sensitivity to criticism, and so tried to evidence an understanding attitude toward their tasks and problems. The right of the teacher to be a human being and to express feelings in her work was constantly stressed, but the necessity for awareness of this need and of finding ways of expressing feelings with the minimum of harm to their students was also pointed out.

Questioning of the author's conclusions and of the material presented was repeatedly solicited. Even attempts to put the author on the spot by tangential questions were always accepted in good humor, with an attempt to work out the intent of the questioner at times, and the author's unhesitating admission that he did not know the answer when the question was not within his sphere of knowledge.

The course usually started out with pronounced reserve, followed by a rise in hostility to the author, the peak of hostility being reached around the eighth session, when the Oedipal conflict was discussed. During this discussion, there was almost unanimous ganging up of the group against the leader, though there were usually a few people in the group who identified strongly with the leader and came to his defense. In such instances, attention was usually turned upon the defenders, thereby making acceptance of the hostility more obvious.

After this session there always followed a session in which various members of the group would come out with evidence from their own experience confirming what had been brought

out regarding the Oedipal conflict, as if they had discovered the answer to an age-old riddle. From then on there seemed to be an increasingly warm, positive feeling for the leader and toward each other.

Two of the groups ended the course with a dinner and the third with a tea before the last class. These were arranged by the groups themselves. The first two groups also presented the leader with a gift after the final session.

It is rather difficult to evaluate how profitable this procedure has been without an actual controlled experimental set-up, which in this case would be a careful evaluation of each participating teacher and his work before and after the course. We were not able to do this, and to wait until resources for such controls were available would preclude ever trying it out. Unfortunately there was no way to find out if there were any negative effects, as none were evidenced or reported to the author. Neither is it possible to determine to what extent there may have been later misuse of the material by some of the participants, such as is noted in other students who acquire some intellectual insight. The evidence that suggests that the procedure was worth while is presented here, though admittedly it is not by any means conclusive.

The most positive evidence that something happened and that the attitudes of the teachers changed is revealed by the contrast in attitudes and language used in the two case studies. The first case study usually indicated a puzzled, sometimes hostile attitude toward a child who is "bad," "spoiled," "troublemaker," "lazy," and so on. The second case study displayed more feeling and understanding, and even though the conclusions might be entirely erroneous, revealed an attempt to see what is behind this overt behavior that is troubling the teacher and the child. The contrast between the two case studies of some teachers was quite striking. Much of this change in outlook was displayed in the class discussions, but this is extremely difficult to evaluate.

At the end of the last session, the teachers were given a two-page mimeographed questionnaire to fill out. This form was not to be identified at all and left ample room for spontaneous remarks. In presenting the form to be filled out, the leader jokingly called it an examination for the instructor, and stated that the information was to be used in guiding the

university and the instructor as to future planning of the course.

Unfortunately this survey, despite its anonymity, was not found to be very useful in that there was very little actual criticism and suggestion and the forms were filled with overwhelming expressions of positive feelings for the author. There were, however, numerous complaints about the author's low-pitched, sometimes waning voice, which made hearing at times difficult.

There were five complaints that too much time was spent on discussion of sex, a few complaints that there was not enough discussion, and equally as few that there was too much discussion. Only two indicated that they resented the personal nature of the discussions. All but one indicated that they had been helped by the course, but unfortunately the question was poorly worded and suggested a positive reply. Generally the replies were enthusiastically positive for the leader and the subject material. About 40 per cent expressed interest in a follow-up course.

Hearsay reports of the courses are received from time to time, but again the nature and source of them would preclude the possibility of their being other than favorable.

The author feels that this procedure was worth while, but that it should be studied further, and in particular should be followed up with more direct work with the schools and teachers, so that there will be a long, continuous experience, for which this procedure can serve only as a foundation.

A WORKSHOP IN MENTAL HEALTH *

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SEVERAL months ago the Human Relations Department of the National Board of the Y.W.C.A. devised a self-inventory test on inner security. This was used by club leaders and residence directors as part of their program.

The inventory dealt with seven aspects of inner security: self-confidence, the feeling of belonging, health, making friends, liking people, dealing with one's anxieties, and a philosophy of life. Under each of the headings was a list of suggestions to help the club girl decide whether or not she possessed the characteristic described. For instance, under the heading of self-confidence, the individual was asked to list the things that she felt she could do well, such as singing, cooking, or typing, and to mark a column "yes" or "no" after deciding whether she did or did not have self-confidence.

This personal-inventory test was used in three of the young adult clubs of Harlem Branch of the Y.W.C.A. The findings from the inventory were both revealing and interesting. Many girls indicated that they did not find it easy to take their places in new groups; others stated that they wanted help in dealing with their anxieties, and the most frequently mentioned of these were not being married, loneliness, and meeting financial obligations. There were some who felt they needed help in developing self-confidence and a more attractive personality.

These responses had far greater significance and implications than would appear at a glance. Some of these young people had feelings of inadequacy, insecurity, of being discriminated against, and even of hostility, arising from factors beyond their control, growing out of the structure and pattern of our economic and social life.

Follow-up discussions with competent group leaders on some of these problems took place in the clubs. Mental-health

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discussions have always been a part of the program in both the teen-age and the young adult groups. It has long been recognized that the organized group is one of the most effective instruments for the reeducation, readjustment, and rehabilitation of the individual. In the controlled environment of the group, the growth of the individual is stimulated. In it he is able to achieve adjustment and satisfaction.

The vast majority of young women, possessing many of the same kinds of emotional and social problem, who live in our residence, attend classes in our health-education department and trade school, and seek jobs in our employment department, never get around to joining a club nor do they seek help with their difficulties from a trained counselor or social worker. Many of these same individuals, however, if given the opportunity, would participate in a group discussion and find within the group activities opportunities for new and satisfying experiences.

Through committee discussions, it was decided that there was a need for a mental-health program for young women who were not members of any club. The health-education committee undertook this project and the staff serving on the committee included the health-education director, the counselor, the residence director, and the young-adult director. A small steering committee was appointed to plan the project.

One of the first steps the committee took was to invite twenty girls from the residence to meet with some of the members. Our purpose in doing this was twofold. First, we wanted assurance that such a program would be of interest to the young women whom we were trying to reach. They were asked whether they would be interested in a series of mental-health discussions and whether they would be able to interest their friends. The second purpose was to ascertain what problems in the area of human relations they would like to discuss.

There was a good cross section in the range of interests, for included in the group were girls employed in the professional, business, industrial, and household fields. There were also college students as well as girls who had recently arrived in the city. Of the twenty girls invited, fifteen met with the committee and later became members of the steering com-

mittee. The other five girls were interested, but were unable to participate because of conflicting work and school schedules.

Many ideas were expressed by the group. There was general agreement on several points, one of which was that we call the project a "workshop." The objection to such terms as forums, lectures, conferences, which are commonly used by leaders in the field of mental health, was that they are frequently associated with formal academic work and one's job (the employer calls the worker in for a conference). The term workshop has not been overused and that in itself would create curiosity and stimulate interest in the project.

Another suggestion was that the workshop be coeducational. Since men have basically the same kinds of difficulty as women, the group felt that there would be value in sharing points of views. The director of the activities department of the Harlem Branch Y.M.C.A. was contacted and was most interested and enthusiastic. The mental-health project not only became co-educational, but was co-sponsored by the Harlem branches of the Y.W.C.A. and the Y.M.C.A.

A good deal of thought went into the discussion on the subjects to be covered in the workshop and the three general topics agreed upon were (1) Understanding Yourself and Getting Along With Others, (2) Finding Job Satisfaction, and (3) Courtship, Love, and Marriage. These suggestions laid the groundwork for the development of the project.

The task before the committee was a tremendous one and it proved to be beyond the resources and experience of the members. Since there was no trained and expert leadership on the staff to help plan and conduct the workshop, we turned to the New York State Society for Mental Health. In this community we are very fortunate in having the resources and services of this organization. The project developed beyond our expectations and it certainly would not have been so successful had it not been for the assistance, co-operation, and interest of the staff of the New York State Society for Mental Health.

We are especially grateful to Mr. William Beaty, the education secretary of the society, who worked with us from the beginning to the very end, and to Miss Fleming, special field consultant. During the planning process, we also had the good fortune of having Dr. Ross, the society's executive

director, give us the benefit of her thinking. As the project began to take shape, the New York State Society for Mental Health decided to make the workshop a pilot study in group education.

In the conferences that followed with the staff of the New York State Society for Mental Health, it was decided that the workshop would be conducted for a period of four consecutive weeks and would have as its general theme "The Art and Science of Effective Living," with three main topics: (1) "Do You Understand Yourself?" (2) "Do You Like Your Job?" (3) "Courtship, Love, and Marriage." The fourth session was a general discussion and a recapitulation of the preceding meetings.

It was agreed that we would have a coördinator for the workshop. Such a person would give continuity to the discussions, stimulate interest and participation in the project, and develop a sensitivity to the needs of the group. We were fortunate in securing Miss Louise Campbell, who has had much experience in group dynamics and who is a consultant in human relations to the New York State Society for Mental Health.

Time does not permit me to describe in detail each of these sessions, but I would like briefly to mention the techniques that were used. In the first session, on the topic "Do You Understand Yourself?" we used the film, *Preface to a Life*. This particular film was chosen jointly by the members of the New York State Society for Mental Health and the committee, after careful reviewing of several others, because we felt that the subject matter would provide a good springboard for discussion.

In the second session, on the topic, "Do You Like Your Job?" five young adults who had volunteered from the group served on a panel along with Mrs. Fortune, Employment Director of Harlem Branch Y.W.C.A. The occupational interests of this group included the fields of business, social work, nursing, journalism, law, and library science. The panel members were asked to tell what factors were responsible for the selection of their present vocations. For example, did they have any vocational counseling, or had there been some previous work experience that had been helpful in the selection of their vocational choice? The sharing of work experiences by

the panel members and the group stimulated a lively discussion.

At our third session, on "Courtship, Love and Marriage," there was a panel of three consultants—a young minister, the Reverend Galamison, who is a leader of a large church and has had much experience in dealing with the problems of young people; a sociologist, Mr. Sodofsky, who teaches a course in family relations at City College; and Dr. Magee, the health officer of the Central Harlem District.

The group was divided into smaller units of about eight young people each. Each unit selected a leader and a recorder and agreed upon three questions relating to the subject that they would like to have discussed. The coördinator then called upon the individual groups to read their questions and referred them to the panel of consultants for discussion.

At the last session, Dr. Milton Eisenberg, a practicing psychiatrist, was the guest speaker. All questions in the first three sessions that, in the mind of the coördinator, needed clinical opinion were held over for this final meeting.

As we went along, it was very important for the committee to have some gauge in order to judge whether or not the discussions were satisfying the needs of the group. We, therefore, asked members of the workshop at the end of each session to evaluate the meeting. Evaluation sheets were provided, containing the following questions: (1) What was your opinion of this meeting (please check—poor, mediocre, all right, good, excellent)? (2) What were the weaknesses? (3) What were the strong points? (4) What suggestions do you have for improvement? (5) Have you a question you would like to have discussed? A tabulation of the evaluations was made, and members of the committee, the coördinator, and the staff of the New York State Society for Mental Health met and studied the results and made any changes that were necessary before the next meeting of the workshop. A carefully prepared bibliography, compiled by the New York State Society for Mental Health, was distributed to the members of the workshop. There was a display in the room of a number of the pamphlets mentioned.

I should like to emphasize again that the workshop was an experiment and to some extent the registration was controlled. In the promotion of the project, we tried to interest the young

women in the residence, in the trade school, in the physical-education classes, in the employment department, and in the counseling service. The attendance at the first session was 81; at the second, 36 (the drop in registration here was largely attributed to the very inclement weather); at the third, 86; and at the fourth 82.

A brief mention of the method used in promoting the project may be of interest. We had posters and printed folders which were distributed throughout the administration building and the residence. One of the techniques that contributed most effectively to the success of the project was the personal approach to other girls by the committee members. This was done primarily by the residence girls, who assumed the responsibility for getting into contact with the girls on their floors. Registration sheets were provided, and where the girl expressed an interest, she was asked to sign. She secured her admittance ticket, however, from the counselor's office. There was a nominal fee of \$1.00 for the entire four sessions. Wherever possible, this technique of approaching young people personally was used. Members of the committee were stationed in the lobbies of the administration building and residence to register and give information about the workshop. Where girls had signed the registration sheets, but failed to obtain their admittance tickets, they were contacted again by committee members.

One of the plus features of the project was the light refreshments that were served either during the discussion period or at the end of the session. We found that refreshments contributed a great deal toward a relaxed atmosphere and provided members of the group with an opportunity for sociability not only among themselves, but with staff and guests.

I would attribute the success of the project to the fact that the young people themselves had a part in the planning of the workshop and were given specific responsibilities, such as setting up the room for the meeting, arranging the display, and conducting the sale of pamphlets and books, recording registration and attendance, serving refreshments, and cleaning up after the sessions. In addition, they helped to maintain the enthusiasm and interest in the workshop. Where young people have this sharing of experience—and for many of them

it was a new kind of experience—you are assured of their fullest interest and coöperation.

To sum up, in the workshop we aimed to give young women who were making use of our services, but were not necessarily members of any club, an opportunity to verbalize their attitudes and feelings on problems of concern to them. By exposing them to this group process, it was our hope that many would find a solution to their difficulties that would enable them to live a richer and more creative life.

From the enthusiasm and interest of the members of the group in all of the sessions and from the numerous requests for another workshop, we feel that our objectives were achieved.

BOOK REVIEWS

THE FORGOTTEN LANGUAGE: AN INTRODUCTION TO THE UNDERSTANDING OF DREAMS, FAIRY TALES, AND MYTHS. By Eric Fromm. New York: Rinehart and Company, 1951. 263 p.

"Tell me your dreams; and I can tell you what you are." "Dreams, like myths, are important communications from ourselves to ourselves." Now that the labors of Freud and his disciples in this field have made multitudes more conscious of this elementary truth, Dr. Fromm begins his own inquiry into the subject by voicing a wonder that modern man ever took so long to give it the serious study it deserves.

The Talmud said, "A dream which is not interpreted is like a letter which is not opened." In Plato's *Phaedo*, Socrates is made to say that dreams represent the voice of conscience and should be obeyed. In *The Republic*, he adds, "Even in good men there is a lawless wild-beast nature which peers out in sleep." Lucretius held much the same view. So did Artemidorus in the second century A. D. Two centuries later, Synesius of Cyrene added, significantly enough from the standpoint of the book here reviewed, that dreams may bring increased powers of reason and of insight.

Yet it was only in our own day that Freud, Jung, and other students, acting on such suggestions as the foregoing, gave the matter their close study. Freud presented a massive array of evidence in support of the thesis that dreams are façades beyond which certain experiences have been hidden—namely, the disagreeable or forbidden ones, and notably childhood encounters with sex. Jung was convinced that dreams, coming out of the universal rather than the individual unconscious, really speak, therefore, of religion. Fromm, whose *Escape from Freedom*¹ showed that this erstwhile disciple of Freud was breaking new ground in explorations of the psyche, here, in *The Forgotten Language*, again takes an independent stand and once more puts laymen as well as professional psychologists in his debt.

He holds that some modern discoveries are not to be found in any of the older theories; e.g.:

"Freud's principle of free association as the key to the understanding of dreams and his insight into the nature of the 'dream-work,' particularly into such mechanisms as condensation and displacement.

¹ New York: Farrar and Rinehart, 1941. Reviewed in *MENTAL HYGIENE*, Vol. 26, pp. 295-99, April, 1942.

"One of the two views that dreams are either manifestations of our animal nature—the gate of delusion—or of our most rational powers—the gate of truth—is held by most students of dreams. Some of them believe, like Freud, that all dreams are of an irrational nature; others, like Jung, that they are all revelations of higher wisdom. But many students share the view expressed throughout this book—that dreams partake of both, of our irrational *and* of our rational nature, and that it is the aim of the art of dream interpretation to understand when our better self and when our animal nature makes itself heard in the dream" (pp. 146-7).

With commendable modesty, that is, Fromm refuses to declare his view the only tenable one; and so he broadens the field of investigation by inviting us to look at the matter in which he is especially interested—the view, namely, that far from being confined to the origins asserted by Freud and Jung, dreams may arise from any mental activity whatever; that some of these may, to be sure, express such activity at people's worst, but that others also do this with a judgment and a clarity beyond those of ordinary waking life. Sleep, that is, by shutting out not merely the censorship of our conscious life, but no less the many noises and distractions of our waking hours, may bring us mental activities that are of a superior quality.

Familiar illustrations are the way in which an artist during his sleep may perfect a composition, a scientist or a mathematician put the finishing touches to a formula, a troubled soul see the best answer to his problem. "Unconscious cerebration," it was called in the days before these modern studies. Fromm defines dreaming as "meaningful expression of any kind of mental activity under the condition of sleep" (p. 25).

"We are not only less reasonable and less decent in our dreams, but we are also more intelligent, wiser, and capable of better judgment when we are asleep than when we are awake" (p. 33).

Some Freudians may bristle at a view that not only widens the field of emotional, irrational wishing and fearing, but that includes sound, rational insights as well. Just as Fromm takes a few dreams recorded by Freud, but gives them a different interpretation from the master's, so others will read Freudian symbolism into dreams that Fromm explains on other grounds. "Freud," he says, "ignores the fact that nakedness can be a symbol of things other than sexual exhibitionism. It can be a symbol of truthfulness." Anderson's fairy tale of the emperor's new clothes may be telling us not at all about exhibitionism, but rather about the debunking of irrational claims to authority:

"If some one dreams of being naked, this may express his wish to be himself, to give up pretense. His embarrassment in the dream may reflect the fear he has of the disapproval of others if he dares to be himself" (p. 91).

"It follows that one of the most significant and often most difficult problems in the interpretation of dreams is that of recognizing whether a dream is expressive of an irrational wish and its fulfilment, of a plain fear or anxiety, or of an insight into inner or outer forces and occurrences. Is the dream to be understood as the voice of our lower or our higher self? How do we go about finding out in which key to interpret the dream?" (p. 148-49).

Fromm replies that some dreams can indeed be explained in the familiar Freudian terms. Others may express wishes that are quite rational. Others may point to solutions of problems that have little or nothing to do with childhood sex experiences. Free association will help to the degree that it is really free, not tied to the interpreter's own assurance that the symbolism has to be sexual and nothing else.

With a view of this kind, few open-minded inquirers will be disposed to quarrel. The study of the psyche has brought to light much that was left out of the pioneer explorations of 1900. Much still remains to be done. Fromm wants the whole matter of symbolism to be reexplored. He takes exception to interpreting the *Oedipus* myth as a piece of incest symbolism, and believes that a study of the entire Sophoclean trilogy will show how the myth reflects a bias in favor of a matriarchal ethic rather than the patriarchal ethic that superseded it. He devotes one-sixth of his book to this, perhaps disputable, thesis.

What is gained, one wonders, by these guesses about myths? Where, when, why they arose, are matters of more or less interesting speculation rather than of science. If psychologists disagree about the results of psychoanalyzing even a single living person, how can we rely on the results of analyzing whole departed generations? Freud's *Moses and Monotheism* was full of assertions to which historians, archeologists, anthropologists took exception. Fromm for his part says (p. 241) that Little Red Riding Hood is more than a symbol warning girls not to stray from the path of virtue, and that, like the *Oedipus* myth, it speaks of the male-female conflict. It is possible that some day he may be proved right. But it may well be also that "*the meaning*" of the fairy tale may never at all become a datum fit to be called scientific.

No matter how much or how little the fairy tales or myths may have sprung originally from the imaginations of gifted individuals, nevertheless, like the literary creations of historic times, they are of help in making more vivid what the artist wants to say. Fromm's findings on the rôle of loneliness in people's lives were anticipated by more than one novelist, poet, playwright. To record one's experiences or imaginings, however, is a different matter from giving these some one interpretation. Six interpreters may explain them in six different ways, depending on the total personality of the one who does the job. Doctors of the mind, all reputable and well-trained, have been known to suggest many different solutions of the same problem.

Fromm's book, therefore (it is to be followed by a second part) may perform a needed service in shaking some students if not out of dogmatism, at least out of the grooves of habit. As William James pointed out in his *Will to Believe*, those who fancy themselves highly rational may be as much influenced by their own basic, possibly very irrational, drives as those with whom they differ. Some attitudes are already *there* in one man, but not in another. Freud never convinced Jung that dreams come out of the individual's own wish-fulfilments. Jung, starting with his own "religious" predisposition, could never persuade Freud that dreams were sent by the wisdom of the universal unconscious. Conflicts between transcendental and empiricist temperaments are likely to continue.

Meanwhile it may be of use to remember that much psychoanalysis is still art, not science, and that suggestions for further study, like Fromm's, are to be welcomed for whatever of promise can be put to use.

HENRY NEUMANN

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REALITY AND DREAM; PSYCHOTHERAPY OF A PLAINS INDIAN. By George Devereux. New York: International Universities Press, 1951. 438 p.

Dr. Devereux, an anthropologist and psychoanalyst, has presented here a careful study of the psychotherapeutic problems involved in working with a patient from a specific culture. A detailed report of the counseling sessions (actually an exploratory psychoanalysis of brief duration) is given, together with reports on projective tests—Rorschach and so on. The symptoms for which the patient, an Indian living on a reservation, was treated were relieved through the counseling.

In the course of the therapeutic work, Dr. Devereux, who has extensive knowledge of and experience with the cultural psychology of the Plains Indians, found that his technique required modification in the direction of the psychological differences that exist between this minority group and individuals from a Western culture. These cultural-psychological issues and their therapeutic implications form the rationale for the volume.

For example, in handling the transference, the author found that he could use one based on the Plains Indian's familiarity with a guardian spirit which is acquired during the puberty of Plains Indians. Again, in working with the patient's dreams, the Indian's easy familiarity with dreams (particularly their manifest content) which are common currency for "testing" reality situations among this group, allowed the author to handle them in a way consonant with the place of dreams and visions in Indian life. In making interpretations, the therapist utilized the attitude of the Indian culture

which keeps their sexual life unencumbered by Anglo-Saxon puritanical defenses. All through the carefully worked-out treatment, the point is demonstrated that "knowledge . . . of elusive culturally determined basic attitudes and basic personality structure," as well as individual determinants in the patient's life, can be used in therapy.

The case lends itself well to the author's thesis that the "basic tribal personality" and, more significantly, the "areal cultural pattern or ethos" are of great importance in understanding and treating persons belonging to minority cultural groups. The Indian bred on a reservation is not a red-skinned "poor white," but an individual whose tribal and areal culture pattern are reflected in his psychological structure, symbolism, dream-life, psychosexual development, and ego-defensive system, and this must be understood when psychotherapy is contemplated.

In this connection, Devereux points out that the influence of infant care (pre-*Edipal*) on the developing personality among so-called "primitives" is immensely exaggerated over the influence of tribal and areal-cultural traits. In other words, whereas the emotional currents engendered by baby and infant care are decisive in the development of the basic character structure of children of the Western world, this cannot be said of the Indian. What is characteristic here is the influence of areal and tribal ethos. This comment presumably is aimed at the practice of translating psychoanalytic findings directly into findings among persons of another culture than our own.

There is much in this book of interest to those who are concerned with sociological and psychological marginal areas. The reviewer was particularly pleased with Devereux' analysis of the "white" attitude toward the Indian, compounded of "false perspectives, misconceptions, and prejudices" which are at variance with Indian realities. At a time when the Western Indians are trying once again to become Americans by relinquishing the "blanket life," attending American schools, and adopting American customs, the author's explanation of Plains Indian "ethos" is distinctly timely. The deep psychological chasm that separates the native American from the American native is still present and Devereux' understanding of it and its determinants is a step that may help to close the gap. The book requires close reading, but is worth the effort involved.

WALTER BROMBERG

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THE MODERN FAMILY. By Robert F. Winch. New York: Henry Holt and Company, 1952. 522 p.

This book is mainly concerned with the rôle of the family in the development of personality. The major thesis is that our personality is largely the product of organized social life and primarily the

product of family life, since we do our first learning through the family, and the family satisfies our earliest needs.

Part I furnishes a general theoretical account of the family as an institution and suggests the range of possible variation in its structure and functions. Part II focuses on the family in the United States, indicating how the family has changed, especially in its functions, and what the consequences of these changes have been. Parts III and IV, the heart of the book, are concerned with the development of personality in the family. Part III deals with the growth of the individual from infancy to adulthood, as influenced by the family; hence the accent is on parent-child relations at the successive stages in the life of the individual: infancy, early childhood, adolescence, and adulthood. Part IV develops the second phase of the affectional cycle—namely, dating, courtship, and marriage. The concluding Part V consists of a single chapter on the nature and causes of family breakdown.

It is in Parts III and IV, dealing with the several stages in the affectional cycle, that Professor Winch makes his principal contribution. He combines clinical reports and psychoanalytic theory with experimental data. For instance, in discussing the effect of parent-child interaction on the personality of the child, he describes the studies of Ribble and Fries and then shows that they have been insufficiently tested and verified. If the reader wants a digest and interpretation of the best thinking and data on the development of personality in the family setting, he will find it in Winch's book.

The foregoing section is well done, with major problems clearly delineated and the best available evidence brought to bear upon them. The more original contribution, however, appears in Part IV, on "Courtship, Love, and Marriage," the second phase of the affectional cycle. Here the choice of a mate is set forth in terms of "cultural expectations and psychic needs, of gratifications and frustrations." The argument is that all behavior is grounded in needs, and love is no exception. Socialization in middle-class America results in a need for acceptance and security which is expressed as a need to love and be loved. The structure of the ego ideal determines the characteristics of the person to whom one is drawn. Winch, in his theory of "complementary needs," holds that mates are selected in part on the basis of unconscious emotional needs. Those who gratify each other's basic needs tend to choose each other. If these needs are not met, trouble ensues. The problem is one of reciprocal satisfaction.

This theory of Winch's is, it would seem, subject to the limitations of the real world—that is, the realistic opportunities for choosing a mate available to most young people. The question arises as to how much choice the average young man or young woman actually has. Choice is limited by the number of acquaintances one has, by propinquity, by whether they are of acceptable marital, economic, religious,

and social status, and so on. The actual range of choice may be very narrow, and within this circle there may be no one who meets one's emotional needs very well. The theory of needs is useful for understanding why conflict develops in many marriages.

The Modern Family has many characteristics of a good book. It is concerned with significant problems, is clearly written, well organized, reliable, and comprehensive. The book is intended primarily as a college text, but it can be recommended as worth-while reading for the intelligent layman who wants to know what science has to say on the problems of love and marriage.

M. F. NIMKOFF.

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PATTERNS OF MARRIAGE. By Eliot Slater and Moya Woodside. London: Cassell and Company, 1951. 311 p.

Patterns of Marriage is a study of marriage relationships in two groups of 100 soldiers each, admitted as war casualties to a large London hospital. One group consisted of neurotic, the other of physical, casualties. Both the soldiers and their wives were questioned on many aspects of their married lives: how they met, their early childhood and premarital lives, reasons for marrying, sex life in marriage, contraceptive attitudes and usages, happiness in marriage, and various social attitudes and values. The families studied were mostly lower middle-class. One of the authors is a psychiatrist; the other, a psychiatric social worker.

This is a significant book, and for a number of reasons. It is the first psychiatric investigation into working-class marriage relationships to be undertaken in Great Britain, utilizing modern insights and techniques; it is, so far as this reviewer knows, the first comparative study of neurotic and "normal" married life; it gives a picture of lower-middle-class life in London during the period between the two World Wars; it reveals the pathetic lack of preparation of young people for the realities of married life; it makes clear the cramping effects of environment in many homes; and it shows the lack of contraceptive and other knowledge pertinent to the processes of human reproduction.

Particularly valuable is the long-range view that one obtains of the lives of the persons involved: the often far from happy childhood, the stark incisiveness of the home life, the adolescent romances of the street, the stumbling steps into marriage, the fear of pregnancy, the effects of the war, against the background of a negative hope that "to-morrow will be better." One sees, too, the blighting continuity of mental illness, the neurotic parent complicating the lives of children, who in turn pass on to the next generation complications alike in kind.

The book is dotted with flashes of insight that carry the reader from one group of facts to another. It is well written, with statistics, insights, illustrations, and summaries in excellent balance. Meticulous technicians in research will be pleased with the 30 pages of exposition of how it was done.

JAMES H. S. BOSSARD

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THE ADOPTED FAMILY. By Florence Rondell and Ruth Michaels. New York: Crown Publishers, 1951. Book I, *You and Your Child. A Guide for Adoptive Parents*, 64 p.; Book II, *The Family That Grew*, 22 p.

Because there are very few really good books on the subject of adoption, the eminence of any newcomer may well be due to the flatness of the surrounding territory. Although several excellent presentations dealing with various aspects of adoption have been written for the professional worker, there is distressingly little material that is suitable for the non-professional person who has an interest in the problem; and there is even less that the worker can, with confidence, place in the hands of prospective adoptive parents. The few books that are available in this area are either so broad and non-specific in their approach that a well-selected volume or pamphlet on the basic problems of child care in general would be equally suitable, or else they deal with the problems of adoption largely in sentimental terms which leave the reader little the wiser as far as his own particular problem as an adoptive parent is concerned.

The present volume has the happy or unhappy distinction of falling somewhere between these two extremes. Although it does give some rather practical suggestions regarding the problems of care peculiar to adoptive parents and their children, it nevertheless leaves the thoughtful reader who already has at least some understanding in the field of child psychology with a vague feeling that the book has somehow failed to meet his needs.

The Adopted Family comes in a set of two small volumes: Book I: *You and Your Child: A Guide for Adoptive Parents*, and a companion volume, *The Family That Grew*, a slim picture-book with written continuity, supposedly suitable for the young adopted child's own reading or else to be used as a "Read-me-a-story" volume for the good-night story hour.

The usefulness of Book I will depend, of course, upon the reader's demands and needs. For the reader not vitally concerned with more fundamental problems, some of the suggestions on methods of announcing the coming of an adopted baby, with specific forms sug-

gested for printed-card announcements, may constitute the high spot of the book. Worried would-be adoptive parents, however, may find the discussion on the legal aspects of adoption (*See Your Lawyer!*) somewhat less than helpful. On the other hand, some of the definite recommendations are excellent, particularly those regarding techniques of treating specific problems, such as what to tell the child himself and how to answer the questions of friends and relatives.

The suggestion is made, for example, that we attempt to identify biological parents with the adoptive parents, because such an attitude accentuates resemblances and makes it easier for the child to identify himself with his adoptive parents: "I don't know [in answer to the child's question as to what the biological mother was like], but I think she must have been very much like me." Similarly, the authors make the wise suggestion that it be emphasized to the child that his biological parents were willing to part with him, not because of any fault in him, but only because, for reasons beyond their control, they were unable to care for him.

The chapter, *Answering the Growing Child's Questions About His Adoption*, is the best section of the book.

Any volume on adoption, however, is fundamentally an attempt to deal with a problem fraught with all of the basic frustrations of childlessness and with their attempted solution through a complex social maneuver; and, as such, it must consider more than the legal mechanics and the question of what to say when the neighbors raise their eyebrows.

In *The Adopted Family* little attempt appears to be made to gain or to give insight into the feelings or attitudes of the human beings involved or into the complicated emotional cross-currents of adoption. The authors seem to assume that adoptive parents are themselves without self-questionings, doubts, or misgivings, and that the adoption process is a matter-of-fact procedure devoid of emotional overtones. It seems probable that the authors postulate greater emotional maturity on the part of adopting parents than they ordinarily possess. The authors provide ready answers for the parent to give the adopted child. They also provide ready answers to give to questioning adults, friends, neighbors, and other members of the larger family to whom the adopted child is sometimes a threat. When we look in *The Adopted Family* for a discussion of more fundamental concepts, however, we note a lack of emphasis upon the understandings and insights that could give basic security to the rôle of adoptive parenthood, and a failure to encourage adoptive parents to develop those attitudes of self-understanding which alone can still question and doubt.

Book II, *The Family That Grew*, devotes much space to emphasizing the "bees-and-birds" type of discussion of human origins—space that

probably might better be spent on something more closely related to substitute parenthood. The volume itself, although intended for the young adopted child, is inferior to Wasson's *The Chosen Baby* in organization and even more so in format and illustrations.

The conscientious professional worker will do well to consider the present volumes as a helpful adjunct to, but only a minor part of, the education and indoctrination process for adoptive parents.

ARTHUR L. RAUTMAN

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CHILD PSYCHIATRIC TECHNIQUES. By Lauretta Bender, M.D. Springfield, Illinois: Charles C Thomas, 1952. 335 p.

Of the nineteen chapters in this book, four contain material not previously published, while the others are reprinted, or revised and enlarged, from previous publications. The material that Dr. Bender has compiled or rewritten was originally written by herself or by Dr. Paul Schilder or by both together, with the help of some of their associates, and for the most part is based on the study and treatment of some 8,000 problem children who were patients in the children's ward of the Psychiatric Division of Bellevue Hospital, New York, during the last fifteen years.

While the first chapter is largely a survey of some of the techniques generally used for diagnosis or therapy in psychiatric work with children, it also includes a classification of the problems of children brought to the ward in Bellevue, a brief discussion of their therapeutic needs, and an outline of the program required to meet these needs.

Seven later chapters (12 to 18, inclusive) are devoted to a more adequate description of the inpatient therapeutic program at Bellevue. Group activities and group therapy are emphasized, supplemented by individual psychotherapy "where it is indicated" (p. 205). Separate chapters are devoted to certain of the group activities, such as art classes, dancing, and puppet shows. Another chapter reports in considerable detail the therapy of one child. There is a short account (Chapter 17) of Manhattan Public School 618, a special school located in the Bellevue Hospital Psychiatric Division.

Reading these chapters descriptive of the Bellevue residential service, and recalling what the Bellevue children's ward was like in its beginning some thirty years ago, one realizes that what has been accomplished under the leadership of Dr. Bender and, until his untimely death, of Dr. Schilder, is truly impressive.

In reviewing the high lights of the chapters on inpatient therapy, it is interesting to note the statement that chemotherapy, nareotherapy,

and shock therapy have not been found successful by themselves, but may be important in facilitating, and hence shortening, psychotherapy (p. 29). Even more interesting is the statement (p. 30) that case conferences in which the child appears are of therapeutic value to the child. A later paragraph (pp. 203-204) tells a little more about conducting staff conferences with children present. This procedure might well have been more extensively discussed, for there is danger that it might be non-therapeutic unless carried out very skillfully.

The other eleven chapters in the book (chapters 2 to 11, inclusive, and Chapter 19) are more generalized presentations of theories, techniques, and research findings. Several of these chapters indicate the influence of Gestalt psychology on the viewpoints and techniques explained. For example, chapters 2 and 3 emphasize the principle of form in the play activities and sidewalk drawings of children, while chapters 4 and 5 discuss the usefulness of the visual-motor Gestalt test as one of a diagnostic battery, and the types of response to this test frequently seen in such conditions as mental deficiency, schizophrenia, psychoneurosis, and so on.

There are several exceedingly interesting chapters on art. Dr. Schilder, the author of Chapter 5, drew largely upon Freudian theories in formulating interpretations of the characteristics and meaning of art works of children and schizophrenics, but also contributed original observations. For example, he called attention to the strong resemblance between art forms of schizophrenics and children and primitive art forms. He noted that children try to draw people and things as they really are, even though not always having ability to draw them realistically. Thus children's artistic efforts offer a way to increasing contact with reality. Art productions of schizophrenic or otherwise mentally ill adults or children may represent a retreat from reality or a picture of the distorted forms that reality assumes for the mentally ill person, according to Dr. Schilder, but they may also be an effort to regain contact with reality or to communicate with other people.

Chapter 7 continues the discussion of art by examining the meaning of the drawings and paintings of several patients. The chapter ends with the conclusion that, in analysis or psychotherapy, the art productions of patients are to be regarded as similar to the manifest content of dreams and can be utilized in the therapeutic procedure in the same way as dreams.

Chapter 8, by Dr. Bender, describes the performance of five children suffering from some type of chronic encephalitis who were asked to draw a man. Their Goodenough scores were lower than their scores on other intelligence tests and their drawings of the human figure were

extremely inadequate as compared to their much better drawings of other things. Dr. Bender, therefore, suggests that the trouble they had in drawing human figures was due to difficulties of perceptual integration connected with their own body image rather than to any difficulty in perception of external objects.

Dr. Bender and Dr. Schilder collaborated on studies of the art work of high-grade mentally defective children, reported in Chapter 9. They conclude: "Art is a means of expressing the inhibited aggressive drives of mildly retarded and schizophrenic children and depicts their struggle with emotional disorganization and their primitive perceptual experiences" (p. 164).

Chapters 10 and 11 summarize research on the significance of boats and animals in the art and fantasy of children. It appeared that the boat represented the mother, with the child inside, for child patients, while in adult fantasy it symbolized the female genitals and sexuality. Many children who drew horses and birds had histories of truancy or vagrancy. Cats and dogs, drawn by children from broken homes, seemed to symbolize the wish for a secure home. Only 10 per cent of 75 animal drawings were of aggressive animals; these symbolized different things for different individuals.

The nineteenth and last chapter, written by Dr. Paul Schilder, is a further exposition of his theories, not only of the art of children, but of modern art in general. It is short, but rich in content, so that quotations cannot do it justice. It must be read *in toto* to be adequately appreciated.

Perhaps this last statement should be made of many other chapters in the book. Indeed, any one who is engaged in psychiatric work with children should find the reading of all the chapters rewarding and well worth the time so spent.

PHYLLIS BLANCHARD

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JUGENDPSYCHOLOGIE (Psychology of Childhood and Adolescence). By Dr. Erich Stern. Stuttgart: Hippokrates-Verlag Marquardt and Cie, 1950. 164 p.

This slender volume pieces together in survey form the leading contributions made by modern psychology to the study of child development. The author presents a history of child-study methods and their foundations in philosophy, educational theory, clinical experience, and experimental investigations. From Pestalozzi's and Rousseau's theories of education, the reader is guided to Froebel's observations on the different phases of human development. The diary methods of William and Clara Stern are discussed, and the

systematic experimental method inaugurated by Wundt and his followers is described. A brief account of the world's centers of child observation—Gesell's Institute at Yale and the Institut Jean Jacques Rousseau at Geneva—completes the historical section of the book.

The successive phases of child development—infancy through adolescence—are discussed in the second part of the book. Dr. Stern describes emotional, intellectual, and behavioral aspects in the light of ideas formulated by various schools of psychology and psychiatry. He draws on psychoanalysis, on individual psychology, on Gestalt and field theories. Behaviorism, Rank's birth-trauma theory, and various other contributions are also included. In addition to the "schools," the work of individuals such as the William Sterns, Piaget, Claparede, Gesell, the Buehlers, and so on is fitted into the author's chronological account of the subject and its science.

In its wide coverage and small size, the book is comparable to a map pointing out the locations and directions of psychological trends and their relationships to one another. It makes for pleasing and trustworthy reading on present-day knowledge about personality development. As such it might be helpful reading for teachers.

Published in its fourth edition in Germany, the book draws on a representative number of French, American, and English works as well as on German authors, many of whom have been familiar faces on these shores since the thirties and are now to be counted as American scientists. While the fund of information in this book is multi-national, certain aspects of specifically local significance speak for the European atmosphere out of which it emerges. In these passages the author touches on race psychology and its support of master-race ideology, which, of course, he discredits and deplores.

The subject matter of such a book certainly warrants a large circle of readers. There is always a place for an intelligible and interesting work on child psychology for teachers, social workers, and parents. There is also room for another good text for the beginning student in child study and related fields. This book in its present form cannot meet the standards of a work of general interest, nor those of a teaching text in this country. From the layman, too much background information is required and too much patience with some slow, plodding passages. As a textbook it is impractical because it is too sketchy and lacks an author-subject index. Nevertheless, the book gives an informative bird's-eye view of child psychology, and it can suggest and stimulate further reading.

RENEE G. REENS

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ADOLESCENCE. By Marguerite Malm and Olis Jamison. New York: McGraw-Hill Book Company, 1952. 512 p.

Here is a new book about the psychological side of the growing teens that will surely have wide appeal and use. The general format is excellent, matching that of the best college textbooks in the field, and the clarity and interesting style of every paragraph reveal the high literary skill of the authors.

The volume is quite complete within its covers, with a 750-item subject index and about 250 names in that index. The book is profusely illustrated with real-life cases, and many tables, charts, and diagrams to clarify relationships. Every chapter includes detailed discussion questions plus many up-to-date references to guide further reading. All these things will delight the academic mind; certainly they are important points to be sought in any text of this kind.

The pleasant addition in the case of this particular book, however, is its combined easy readability, its warmth toward the subject, and its down-to-earth practicality. Every chapter is firmly based and buttressed with sufficient "formal data," yet the array is not put forth in stilted fashion. Just to test its readability, this reviewer offered the book to several young people of from sixteen to twenty. Their responses all were in terms of real interest aroused by many sections of the book. While the authors have not attempted to compress into one volume the whole area of the psychobiosociology of adolescence, the book still comes very close to being a "one best source" of such information.

The major divisions of the book are *Introducing the Adolescent*, *The Adolescent and His Adjustment*, and *Major Influences on the Adolescent*. The chapters are not merely an account of the various changes a teen-ager is likely to undergo at specific times and in specific situations. Much more than such an account, this book provides an important parallel stream of educational and social philosophy, as a backdrop against which to view what may be normal, healthy adjustment in the growing young person. Pointers for therapy are well integrated throughout the book with the problems under discussion at the moment.

Part I covers who is the adolescent, why study him, and the broad world of the adolescent. Part II continues with full discussions of the many aspects of growing up physically, social adjustments, heterosexual adjustment, emotional adjustment, adjustment to life value, personal adjustment, vocational adjustment, and finally a carefully detailed chapter on juvenile delinquency.

Part III pulls together the major threads and ties them into a practical philosophy of education that contributes greatly to the application values of this book. Chapters in this section discuss the adolescent's relationships at home, out in the community, and at school.

The text is free from the animistic concepts so prevalent in books that are highly psychoanalytically oriented. This, however, seems to be no loss so far as this book is conceived. It may, indeed, be one of its advantages, to the parent, the teacher, and the clinician who reads it.

JOHN E. CRAWFORD

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CHILDHOOD PROBLEMS AND THE TEACHER. By Charlotte Buhler, Faith Smitter, and Sybil Richardson. New York: Henry Holt and Company, 1952. 372 p.

This book is in excellent format, beautifully arranged and very clearly printed. The general arrangement and organization also are good. There is no indication as to which author is responsible for which part of the book, but the differences in philosophy and style of writing show up readily in different sections.

The first eight chapters represent a theoretical presentation and are apparently written by the psychologist author. This section is over-classified and confused. There is a hodgepodge listing of symptoms in a disconnected way, which gives the reader the impression that the whole field is chaotic. Nowhere is there any indication of the possibility of understanding the dynamics of childhood behavior according to an orderly, predictable system, such as is available at the present time. There are repeated attacks upon teachers, in which they are represented as ignorant, incompetent people who do everything wrong, in contrast to the psychologist, who knows everything and always has the right answers. Rarely is any credit given to other people in the field.

The author seems to expect too much from the teacher; fails to explain a good many points, but at other times does entirely too much hair-splitting. There are many case presentations, and the repeated references to the cases, instead of being clarifying, rather adds to the confusion.

If the reader survives the first eight chapters, however, he is well rewarded by chapters 9, 10, 11, 12, 13, and 14, which are excellently written, without the pedantry so annoying in the first eight chapters. There is evidence here of an experienced, understanding, mature author, with creative ability and good judgment, who uses the case illustrations in a simple, understandable way that will readily be helpful to the teacher.

The last chapter is on projective technique and it is doubtful whether it belongs in a book for teachers.

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JOSEPH WEINREB

THE RIGHT SCHOOL. By Clara F. Blitzer and Donald H. Ross. New York: Metropolitan School Study Council, 1951. 84 p.

Some of us may welcome the dialogue form of *The Right School* as "extremely readable"; others of us, who prefer our information "straight," may resent it as "sugar-coated." But all inquiring teachers and parents will recognize, within the unpretentious format of this paper-covered volume of less than a hundred pages, urgently needed and meaty information about the kind of school they should want for their children.

This information is conveyed through several informal discussions held by four people. Ed and Mary Stuart, a couple in their thirties, college-trained, forward-looking, with two young children, are seeking a home in the suburbs. Having faith in the value of education, and knowing that their choice of a locality will depend on the quality of the school, they seek the advice of a friend, George Burke, a city school principal, as to what they should look for in a good school. George Burke and his wife, Nancy, though "confirmed city dwellers," have values similar to those of the Stuarts, and want the same things for their children. The discussions, thought-provoking and fruitful in clarifying criteria, culminate in a check list—"A Guide for Assessing School Quality."

Adequate physical facilities advantageously used; suitable, appropriate furniture and equipment for carrying on a modern program of education; an ample school budget—these are the *sine qua non* of the right school, on its material side.

More important than these, though dependent on them, is the quality of the instruction. Are individual needs and abilities considered, or is there uniformity and regimentation? In other words, does the school provide "custom-made or ready-to-wear education"? Do the pupils' interests determine the way in which the basic skills are taught? Do the learning activities arise out of real-life situations and are they thus made meaningful? Is there an attempt to have children gain an understanding of basic principles instead of merely mastering facts? Are the so-called "fads and frills" of education—music, art, dramatics—stressed, in addition to the three R's, so as to develop well-rounded individuals? Affirmative answers to these questions would indicate an attempt to educate the children both intellectually and socially.

But most important of all is the emotional climate of the classroom, which must be a healthy one to foster good character and personality development. And here the teacher plays a major rôle. If she is a mature, all-round person, with a great variety of interests, if she is alert to the exceptional child so that she can help foster individual talents and abilities, if a democratic administration allows her to be

free, if she can keep from dominating the classroom situation and, in her rôle of guide, encourage self-activity on the part of her charges, and if she possesses a fine sense of values that is unconsciously transmitted to her pupils—the climate of her classroom is bound to be wholesome.

These are challenging times for the schools. The need is great for proving themselves to the tax-paying public. With the publication of *The Right School*, the Metropolitan School Study Council has risen to the occasion, for *The Right School*, in a novel way, explains the newer type of education, which seeks to develop, through its democratic methods, its variety of subject matter, and its respect for the individual, clear-thinking, self-directing, emotionally mature people equal to coping with an anxious age such as ours.

IDA KLEIN STERNBERG

New York City

GROWING IN THE OLDER YEARS. Edited by Wilma Donahue and Clark Tibbitts. Ann Arbor: University of Michigan Press, 1951. 204 p.

This informative volume contains thirteen addresses presented at the 1950 Institute of Aging held at the University of Michigan. It is the third in their series dealing with the later years. The broad scope of the material covers many of the dynamic problems relating to enlightened consideration of our rapidly increasing population of older people.

A foreword by Everett J. Soop, director of the university extension service, indicates the focus of attention on mental hygiene, physical health, and education. We can conveniently consider the content under those headings. The preface, by Wilma Donahue and Clark Tibbitts, states the purpose of the book—that of giving intensive consideration to problems identified by older people themselves as crucial in their adjustment to aging. In the preliminary discussion, Mr. Tibbitts deals with the national aspects of an aging population.

Mental health in the aging receives its warranted conspicuous attention, different aspects being considered by three authors familiar with the problems. Robert H. Felix, M.D., M.P.H., shows the effects of our changing social and economic background on the mental health of our vast and diverse group of aging people, with their individual needs for health, economic security, useful activity, a home, independence, and self-respect. The particular emotional needs of the aging, who are commonly concerned with fears of loss of control over life situations and of physical incapacity, are described by Moses M. Frohlich, M.D. Major psychological defenses used by older people

to escape emotional conflicts are considered, by Jack Weinberg, M.D., to include regression, personality rigidity, and the exclusion of overwhelming stimuli. Electric-stock treatment, direct psychotherapy, program planning, and other psychiatric techniques are discussed in the treatment of the aging.

The paramount problems of physical degenerative disease are presented critically by William B. Kountz, M.D., who, from his experience in research and medical practice, finds good reason to believe that chronic illness is to a large extent reversible with increasing knowledge of the glands of internal secretion, metabolism, and the mechanisms of nutrition. He notes the further important point that an increasingly productive approach to the problems would stress physiology or function rather than the anatomical aspects of the aging body.

The importance of community-health services is outlined by Joseph W. Mountin, M.D., who suggests local public-health organizations as a generally well-established framework of assistance for programs of periodic health appraisals, medical care, and rehabilitation. The rôle of the industrial physician is described by Newton E. Leyda, M.D. More realistic points of view toward employment are stressed, such as that of allowing the aging person to continue work after the usual retirement age when his inclination and capacity permit. Methods of physical restoration of the aging to greater fitness are elaborated by Michael M. Dacso, M.D., who lists more than one hundred exercises and activities in self-care, locomotion, travel, and hand activities.

The reader's attention is next directed to the great importance of educational activities, with regard both to the function of education in enhancing the values of life for the older person and to the training of those people or groups in the community who are interested in the care of the aging. Numerous discerning comments, derived from experience and careful thought, are presented by educators prominent in many fields. Thomas A. Van Sant indicates that aging itself does not preclude the quick and thorough learning of interesting subjects. He refers to the greatest present relevant contribution of adult education as that of focusing coöperative efforts on delineating the full aspect of social, economic, and political problems in middle-aged and older adults, with subsequent planning of programs in coöperation with other community groups.

Problems in the organization and administration of educational programs for older people are considered by Everett J. Soop to be basically the same as those of programs for younger people. Roger W. Heyns discusses the value to older people of close group participation, especially in performing functions useful to the community. Miss Ollie Randall, from her years of experience in community service, is uniquely able to appreciate the new problems of establishing methods

and of actually training volunteers to work with this large group of the aging, who have perhaps more combined needs than any other social group.

The concluding chapter, entitled, *A Mid-Century Forecast for the Aging*, by Wilma Donahue, predicts the great progress that now appears possible in the next fifty years: unprecedented maintenance of health, extension of the period of physical vigor and longevity, retardation of physiological aging, reduction of chronic disease, and social and economic stability.

This volume is well worth reading for its presentation of trends, as well as for the specific information it gives, and its provocative consideration of the future of the aging in our culture.

HOLLIS E. CLOW

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COMMUNITY SERVICES FOR OLDER PEOPLE. By the Community Project for the Aged of the Welfare Council of Metropolitan Chicago. Chicago: Wilcox and Follett, 1952. 240 p.

This book has an important place in the series of sociological studies based on direct observation of a community by its own citizens, led by professional investigators. The technic has developed relatively recently and has certainly not yet reached its full stature. There can be no question of its value as a powerful device for public education, as well as a method for collecting valid data for the building of hypotheses in the study of human dynamics.

The present study deals with the community services for older people in Chicago and its metropolitan area. It explores the size and character of the problem, from the economics of the expanding systems of social security to the needs of the financially secure older person, from the housing of the destitute older person to the programming of life within the well-maintained institution for the aged. Data are collected from social agencies, but—and more important—also through special investigations of several hundred older citizens of the area. The findings are projected against known figures for the state of Illinois and the United States as a whole, when these are available, which is all too rarely.

As each of the many sections is discussed, certain recommendations are made. These are collected in a separate chapter later on. The fact that the research received the active collaboration of many front-line working organizations and personnel tends to make the recommendations practical next-steps, rather than magnificent utopian, reorganizations. The book is quite frank in revealing the suspicions:

that had to be overcome before some groups could collaborate. This is perhaps most apparent in the section on institutions for older people.

It is characteristic of the period in which social and health problems are first recognized that their importance is pointed out with more enthusiasm than facts, with more insistence than practical suggestions for methods of working. This book demonstrates the growing maturity of the field of work with older people by presenting a complete survey and being able to offer recommendations for steps to be taken in dealing with the various problems in it, to the end that the total health of the community may be enhanced.

PAUL V. LEMKAU

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PSYCHIATRIC ASPECTS OF JUVENILE DELINQUENCY. By L. Bovet. Geneva: World Health Organization, 1951. 90 p.

Bovet is consultant in mental health to the World Health Organization which commissioned him to prepare this monograph as a comprehensive summary of the most widely accepted psychiatric views on juvenile delinquency. It was to be "not of a strictly scientific nature, but rather a broad picture for the intelligent reader without psychiatric training."

The monograph is based on Bovet's travels through several European countries and America, consultations with over 150 specialists in various fields of juvenile delinquency, and visits to 60 institutions. He offers a bibliography of 140 references in four languages. It is indeed remarkable that he was able to complete this stupendous task in less than a year and to summarize it in such a compact form. This translation from the original French to English is in clear, non-technical language which any interested reader will have no difficulty in following.

In the introduction, Bovet properly emphasizes the many difficulties that beset the subject of juvenile delinquency. For instance, there is such a large variety of factors to be taken into account that there are many chances of error creeping in. Then there is the fact that even scientific workers have difficulty in approaching the subject in an objective way. The author himself unwittingly demonstrates this. On most controversial subjects he is careful to quote adequately different points of view, but in discussing the subject of "psychopaths," he devotes several pages to an attempt to convince the reader of the "constitutional" nature of the condition, making only passing references to the existence of views attacking this hypothesis.

The reader for whom this monograph is intended would benefit from a revision of Bovet's development of some of his points in the chapter

on etiology. For instance, he quotes extensively, and apparently approvingly, those sociologists who speak about "normal" delinquents —*i.e.*, those presumably without demonstrable psychopathology who come through with antisocial behavior only when they are subjected to adverse social conditions. Bovet offers only a few weakly stated reservations to this concept. He does not mention the fact that the vast majority of those exposed to poor environmental conditions do not become delinquent.

Again, he writes as if dynamic factors did not operate in those whom he would include under the category of "constitutional psychopaths." Yet elsewhere he himself emphasizes that in every human being biological, psychological, sociological, economic, and other factors are interacting at all times.

He is more mindful of this concept in his chapter on treatment. There he is better able to demonstrate why the rôle of the psychiatrist varies, from that of therapist less frequently, to that of collaborator more often, in the treatment of various types of delinquency.

SAMUEL J. OBERS

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REPORT OF THE GOVERNOR'S STUDY COMMISSION ON THE DEVIATED CRIMINAL SEX OFFENDER. State of Michigan (Hon. G. Mennen Williams, Governor), 1951. 245 p.

What has been called the climate of opinion with respect to the sex offender is well described in this report in these words:

"The sexual criminal feels the focused hostility, contempt, disapproval, and rejection of all society. He can be said to feel this disapproval from more persons and in greater magnitude from all than any other criminal. There is no other criminal type which is so completely deprived of some social acceptance by some congenial group as is the sex offender. We are not including here those men convicted of a homosexual crime, such as being caught in a public toilet with a fellow homosexual. The openly avowed homosexual has a social organization within which to find acceptance, even in prison. So far as other inmates are concerned, he may be very contemptible, and yet there are always others like him who give one another approval. But the sex offenders included in this study are so universally held in contempt that they do not even dare to risk the calling of attention to themselves by forming a 'group of sex criminals.' They are isolated. Most criminals in the prison can take some pride in telling some one of what they were sentenced for. The sex criminal must evade the question or give a false answer. One of the men studied created a sensation in Jackson Prison by being permitted to play the organ for one of the religious denominations in the prison. He was asked to play only in the extremity of there being no other organist available. And he and all the clergymen looked upon the venture as the boldest type of

experiment. As a matter of fact, the experiment did work. But the important fact is that, even in a prison, performance of the rituals relating man to The Prince of Peace is proscribed for the sexual criminal."

What holds for the prison inmates is much truer in the larger community.

In New Testament criticism we learn that certain of the Epistles came into being because specific situations called for their being written. St. Paul wrote to the infant church in Corinth, for example, to deal with some uncomfortable practices disturbing to the peace of the church. The Michigan report grows out of such a situational need. A series of sex crimes, widely publicized, fills the community with alarm. Usually the lurid report of three or four sex offenses touches off an epidemic of crimes of this type. The outraged community immediately becomes panic-stricken, and the legislature responds with the passage of a repressive law. Michigan passed such a law, the so-called "Goodrich Act," which was discovered to be unworkable. The epidemic of sex offenses dies, and the law falls into innoxious desuetude until a new wave of sex offenses outrages the community, and the public clamor demands new harshness against sex offenders.

The commission appointed by Governor Williams to study the problem consisted of four psychiatrists, two psychologists, one sociologist, three clergymen, two judges, one police official, and representatives of mental-hygiene, parent-teacher, and interracial organizations. The commission had an adequate appropriation, and was able to employ competent research staff—individuals whose apparent preparation was in the social sciences.

The heart of the matter is contained in the section, "Summary and Recommendations," with which the report begins. Then follow reports of committees on fact-finding, resources and present practices, legislation, education, and moral and spiritual values. There is a good working bibliography, and the report ends with what might be called a pastoral letter to the parents of Michigan, a dignified, well-considered, and sound document, designed to allay fear and help "eliminate the causes of those incidents which have pained and shamed us."

The commission employed this definition for the purposes of its study: "A person may be considered a sex deviate if his sexual behavior is characterized by repetitive or compulsive acts which indicate a disregard of consequences or the recognized rights of others, or if his sexual behavior indicates an inability to manage or control the sex impulses."

Most of the commission's recommendations are sound. One might quarrel here and there as to detail. For example, it is important that greater care be taken in the handling of the complainant, especially

if the victim of a sexual assault is a female minor. Parents quite rightly fear the repeated recitation of the details of a sordid episode to several sets of police and prosecutors, and the notoriety attendant upon the public trial of the case before a judge and jury, with the fearsome possibility of the presence of reporters in search of sensational "news." The commission advocates the employment of the indeterminate sentence for sex offenders, and recommends that special treatment facilities be established within the state department of corrections, allowing for recourse to the courts by aggrieved individuals who feel themselves unjustly detained. It advocates an educational program to be carried out by school, church, and industrial groups. It advocates the keeping of more and better data on the personalities of school children, which may later be investigated by public authorities if this becomes necessary. It advocates the investment of at least \$50,000 a year for the next five years for a comprehensive research and treatment program. It advocates a degree of voluntary censorship of news relating to sex crimes.

This recommendation seems fraught with some danger. Ideally the publication of the details of sex offenses is something we can forego without any great public loss. Practically the whole question of censorship then comes up for discussion. This reviewer feels quite strongly that the dissemination of news of sex crimes is bad on two counts. It could conceivably encourage weaklings to repeat what has been described in the press. And it certainly stimulates public alarm, which, in many cases, especially in congested slum areas, can start a panic. Yet, as against this, is one old-fashioned liberal's fear of any sort of censorship.

The commission renders unusually fine service to society in laying some of the ghosts that still persist in regard to sex offenders. For example, the commission "uncovered no evidence of a recent increase in sex crimes in Michigan. The reactions of press and public to particularly shocking sex crimes are not accurate indicators of the frequency of such occurrences."

Like many other investigations, the Michigan reports failed to discover the Michigan sex offenders to be oversexed "fiends." More likely they are "unaggressive, timid, and inoffensive." They cannot be cured by castration. Nor do the records show them to be chronic recidivists. As early as 1937, Dr. Henry said that all imprisonment is likely to do is to make the offender more cautious. Nor does the Michigan study gives any evidence that sex offense is an inherited characteristic. Therefore sterilization will not avail to control the reproduction of sex offenders.

The commission well points out that sex offenders take a long time in the making. The need expressing itself in the criminal act did not

arise out of a momentary impulse without any reference to the offender's long history. It is impossible, for instance, to cure in three quick and easy lessons personality difficulties that have been brewing for twenty or thirty years. The process that leads to sex offenses became a reality in the early childhood of the offender. Where? When? How? These are the questions for which research hopes to find some of the answers.

Justifiably the commission advocates more and better mental-hygiene instruction for parents and adults generally. And it says unequivocally that sexual deviation is only part of the problem.

The report offers no panacea. Its findings are marked by conservatism and a sense of the possible. Well does it say:

"At least some of the causes of sex deviation, then, lie deep in the culture, where they are difficult to eliminate, control, or neutralize; just as they have lain in the cultures which preceded this one. The essential difference is that this age knows more and is learning more about the causes of disturbed behavior than previous ages knew. It may some day be possible to speak of solutions. At present it is possible to speak only of alleviations, improvements, and reforms. Within those possibilities Michigan can take, and in the opinion of the Commission is ready to take, some long strides. Present knowledge of the problem, though still at the threshold, will amply support some important and much-needed changes. It is to those changes that the Commission has addressed itself in this Report—soberly, it hopes, avoiding extremes, yet not satisfied with too little."

The commission has amply lived up to what it set out for itself to do. For a state document, its report is a work of unusual excellence. It could easily become, in its field, what the Wickersham Report was and still is in its realm.

ALFRED A. GROSS

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MEDICAL PSYCHOLOGY. By G. K. Yaczynski. New York: The Ronald Press, 1951. 499 p.

This textbook for an introductory course in medical psychology for medical students and students of clinical psychology rests on the broadest theoretical and experimental concepts and constructions. The author states that he had three purposes in mind in selecting the material of the book: the topics had to be of sufficient importance to be included in a brief course in a crowded medical curriculum; a rounded treatment of each topic was to be attempted, the more controversial topics being avoided; and, finally, an integration of the various concepts of the behavioral, Gestalt, and Freudian schools was to be made. To this reviewer, the author has achieved a very

considerable success in his effort, and the criticisms that will be made here of the text are not to be considered as serious.

The book is divided into three parts, the first dealing with basic psychobiological principles, the second with inheritance and maturation, and the third with integration—the structure and structuralization of personality. The material of Part I, dealing with biological needs, emotions, learning, perception, motives, and adjustment to conflicts, presents a broad biological approach to all of these topics, resting essentially on the concepts of homeostasis or balance. The efforts to achieve a satisfactory resolution of disturbances in the homeostasis, due either to internal or to external provocations, turn out to be the adjustment mechanisms and consequences.

The author's presentation of basic psychobiological principles is a far cry from the sometimes cut-and-dried presentation of personality needs and their reduction to "primal" factors—*i.e.*, sexual, aggressive, self-preserved, and so on. The postulate of homeostasis furnishes a neutral concept standing in the background always of the discussion of the mechanisms of adjustment—a neutral concept that demands no parochial adherence and to which any fair-minded person can repair without any feeling of violence to other considerations.

Part II is handled in the same general fashion, with an abundance of material from every school of psychology and particularly from the experimental approaches. Present-day conceptions of the mechanisms of inheritance are thoroughly treated, and methods for the study of inheritance, including the studies of twins in various forms of mental disease, are all well documented.

Physiological maturation is linked with the development of behavioral adaptive mechanisms, with specific attention to the maturation of speech, intelligence, emotions, motives, and social maturity.

Part III starts off with a discussion of the biological substratum of personality, the integration bases, and the physiological substratum in the psychoses and neuroses. Methods for the study of personality include rather extensive accounts of projective methods—the Rorschach, the thematic-apperception tests, the use of questionnaires, and so on. Under the structuralization of the personality, are discussed the interpersonal relationships at various periods of life, the effects of special environments, parental attitudes, anthropological data, and so forth. Each chapter is followed by a rather exhaustive index of the reference material mentioned in the text.

Coming to the end of this text, one can feel that the author has given an eclectic account of current conceptions of personality study, ranging from the strictly physiologic aspects to the most complex psychologic functions, the methods of study, the impressions gained

from these methods, the contributions of the numerous workers in different fields. The readers cannot fail to be impressed by the lack of bias in the presentation and by the thoroughness of the documentation.

Now for the trivial criticisms of the book. The author's effort to fit the discussion of depression and excitement into the homeostasis concepts leads to some simplification that clinical observation would not justify—for instance, his statement that depression is the result of failure in an effort to achieve homeostasis only after a period of excitement; and again his statement that excitements usually present a precipitating cause, whereas immediate precipitating factors are only infrequently found in depression. Actually, I believe clinical observation will show the reverse of this last statement to be more commonly the case. His idea that excitement leads to behavior that reestablishes homeostasis, whereas depression fails to do this, also leaves something to be desired, to judge from clinical observation. Furthermore, his conclusion that the dissipation of depression by any one of the shock therapies is due to the excitement induced by these therapies in the individual would also, I believe, be very difficult to prove, despite his assertion that the adrenal and sympathetic systems are stimulated by all of the shock therapies. I found his discussion of the functions of sleep, and the mechanisms of sleep rather casual, leaving the student of the human functioning very much in the dark concerning some of the simple facts that every one ought to know—for instance, the amount of sleep, the types of sleep, the disturbance of sleep, and so on.

Aside from these minor issues, I feel that this book is to be thoroughly recommended and the author congratulated for his excellent integration of the material of personality functioning, a neutral, but in no sense an emasculated or uninspired, presentation. There is so much material in the book that, as a former teacher of psychobiologic principles, I would find it difficult to see how it could be crowded into most university courses. Nevertheless, the material is here and the high spots can be stressed in lectures and in group discussions.

WENDELL MUNCIE

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SPECIALIZED TECHNIQUES IN PSYCHOTHERAPY. Edited by Gustav Bychowski, M.D., and J. Louise Despert, M.D. New York: Basic Books, 1952. 371 p.

This volume, to which nineteen authors have contributed, depicts a number of different approaches to psychotherapy. The authors of the chapters are psychoanalytically trained, and to that extent the volume may be looked upon as one of psychoanalytic therapy, although as a matter of definition one may not agree strictly with the editors

when they claim as psychoanalytic "every psychotherapy which deals with such basic elements of psychoanalysis as the concepts of the unconscious, transference, and resistance." Some would agree that these concepts are fundamental, at least tacitly, to *all* psychiatry.

Hoch and Polatin lead off with a chapter on narcodiagnosis and narcotherapy, emphasizing the value of these methods as adjuncts in diagnosis and treatment. Lindner then follows with a chapter on hypnotherapy.

Eisenbud discusses the telepathy hypothesis in psychotherapy, pointing out that the ultimate place of psi factors in behavior cannot be evaluated now, but that perspective will develop as time goes on and further observations are made.

Stern presents the use of "free painting" as an aid to individual psychoanalysis. Spotnitz contributes a brief chapter on group therapy as a specialized psychotherapeutic technique; incidentally, he says, the method has advantages in strengthening the social ego of the therapist.

In the field of child psychiatry, we find a chapter by Mittelmann on simultaneous treatment of parents and child; one by Beata Rank on psychoanalytic treatment of children with atypical development; and a case presentation by Despert, illustrative of the treatment of child schizophrenia.

Fromm-Reichmann contributes notes on the development of psychoanalytic treatment of schizophrenics, emphasizing the importance of the therapist's recognizing and controlling his own dissociated feelings and motivations and overcoming his own insecurity. She attributes many failures in the treatment of schizophrenics to shortcomings in this field.

Ruth Fox discusses the psychotherapeutics of alcoholism and the need of an informed public.

Abrahamsen presents some aspects of the treatment of sex offenders, and Melitta Sperling considers psychotherapeutic techniques in psychosomatic medicine. One may, perhaps, be pardoned if her statement that "every case of psychosomatic disorder has its origin in the mother-child relation of dependency," is looked upon as a bit of oversimplification.

There are also chapters by Eisenstein (on border-line states), by Bellak (on emergency psychotherapy of depression) and by Piotrowski and Schreiber (on Rorschach measurement of personality changes). Each chapter is followed by a selected bibliography of recent books and articles.

The volume is a compilation that should be useful to the psychotherapist.

WINFRED OVERHOLSER

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TRAUMA, GROWTH, AND PERSONALITY. By Phyllis Greenacre, M.D.
New York: W. W. Norton and Company, 1952. 328 p.

This is a compilation of papers published by Dr. Greenacre in various psychoanalytic journals between the years 1941 and 1951. There is only one new chapter not previously published. The book is written from the viewpoint of a pure Freudian and both the interpretations of clinical material presented and the theoretical formulations adhere strictly to the Freudian pattern. This implies, of course, no slightest deviation from the complete acceptance of the literal interpretation of the libido theory, with no cultural or symbolic meanings of such terms as penis envy or castration complex.

For one who does not see eye to eye with this point of view, the book is in the main a waste of time. However, for those who are satisfied with this approach to an understanding of the dynamics of behavior, Dr. Greenacre's material will undoubtedly be provocative, since she deals with many areas of common symptomatology—headache, weeping, and urination—and with such common problems as infantile reactions to restraint, predisposition to anxiety, conscience in the psychopath, and the relation of superego development to anatomical structure.

Dr. Greenacre does, however, make at least two specific points that I believe are pertinent, irrespective of the psychodynamic orientation of the therapist. The first is that those patients who have had early physiological traumata chiefly of a neurologic nature not only are particularly predisposed to anxiety and have marked difficulty in their perceptions "reality, with resultant poor ego development, but are not amenable to the ordinary methods of psychoanalysis (and I might add psychotherapy). They require "management" as well as analysis and "the work of the analyst is to increase the immediate reality hold of the patient, . . . defining and clarifying of the immediate conscious attitudes and problems of the patient . . . and interruption of special self-perpetuating autoerotic tension states." . . . It "usually has to be repeated in many different ways through the course of treatment."

The second point is that the time of occurrence of the trauma, whether somatic or psychic, is perhaps of greater import in the matter of symptomatology than the severity or nature of the trauma. Dr. Greenacre sees it as related to the "timetable of the libido" rather than to the total neurological organization of the patient, but does say that "the earlier in life severe traumata occur, the greater are the somatic components of their imprints."

It is my impression that Dr. Greenacre has described fairly accurately at least part of the symptomatology characteristic of organic neurological deficit due to traumata or to hereditary limitations, but it

seems to me she has failed to see the basic somatic or pathologic physiological implications of these traumata and has, instead, worked too hard at shoving the problems into the psychic area. However, one should be grateful to any one who makes real strides toward a delineation of this type of problem.

Again, while disagreeing fundamentally with the author with respect to interpretation, I found myself genuinely appreciating the chapter, *General Problems of Acting Out*. Yet despite characteristically excellent observations of clinical behavior, I felt a lack of credence in, or perhaps even awareness of, purely somatically determined symptomatology.

One additional note may not be amiss. It is clear that despite Dr. Greenacre's many years of clinical work, she has not discarded the practice of making regular notes on her analytic sessions. Consequently she can refer to dates and verbatim quotes again and again. It is a habit well worth retaining.

CAMILLA M. ANDERSON

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THE YEARBOOK OF PSYCHOANALYSIS. Volume 6. Edited by Sandor Lorand, M.D. New York: International Universities Press, 1950. 307 p.

The categories of this volume can be subdivided as follows: The articles of Wittels, Bernfeld, Bergman, and Sterba are centered around Freud's background and the evolution of psychoanalysis, which had its germination in his profound cultural as well as scientific endowment. The scientific basis for his theories is something that has to be brought home again and again, not alone to the lay public, but to his students. It is indeed impressive, because it is beyond the usual continental breadth of most of the learning of the previous century. We can readily appreciate, because of these articles, why Freud took all knowledge as his domain, and why his genius encompassed all aspects of man's creativity, not alone his psychoanalytic contribution. The various contributors to the exposition of Freud's ideas are not only competently equipped as to facts, but write with a clarity that vividly brings home to the reader the genius of the man.

A much needed emphasis in current literature is on the revival of the significance of the dream, upon which Fliess and Lewin focus their interest, with additional articles by Loewenstein, French, and Eisenstein. Fliess's evaluations are temperate, cautious, and extensive. Lewin, as he often does, presents original evaluations, this time of the dream screen.

The high level of the foregoing chapters are continued by Anna Freud's notes on aggression, with her usual succinct, deceptively simple clarifications of complex dynamics. Nacht adds some clinical material to the same theme, while Rosenberg-Zetzel discusses anxiety in a most lucid fashion. The element of sublimation in the grotesque is illustrated by Annie Reich, and laughter in psychoanalysis is investigated by Grotjahn. Hart contributes an encyclopedic exposition of the eye in symptom and symbol. To round out this material are articles by Sperling, on the technique of spacing and crowding emotions; by Jones, on the death of Hamlet's father; by Hitschmann, on Swedenborg; and by Garma, on the origin of symbols in clothes.

We find these annual psychoanalytic compilations amazingly rich in content, nuggets of learning that should be treasured in our libraries.

EDWARD LISS

New York City

READINGS IN GROUP WORK. Edited by Dorothea F. Sullivan. New York: Association Press, 1952. 438 p.

The current state of knowledge in the behavioral sciences and practices periodically demands a cross-sectional collection of "readings" for workers in each corner of the broad human-relations field. The group worker, for example, looks not only to his colleagues in social work, but also to social, clinical, and developmental psychologists, to anthropologists and sociologists, to educators, psychiatrists, and others. Material of interest to any of these specialists appears irregularly in the many publications of all. Since few workers in human relations can keep abreast of all relevant—indeed of all significant—literature, editors of collected "readings" have at least a double task: (1) to consider the publications in each related discipline for their relevance to a given problem area; and (2) to select only the most fruitful writings for an anthology.

For *Readings in Group Work*, Miss Sullivan appears to have performed the first part of this task admirably. Among the twenty-six chapters and the six sections of the appendix, one finds items culled not only from group work's own professional literature, but also from sociological, case-work, psychological, psychiatric, and educational sources. In outline, there appears a nice balance of items concerned with (1) the problems and insights of practice, (2) theoretical issues, and (3) research reporting.

In the first category, Hazel Osborn's paper on resistance in group work (from *The Group*, 1949) is a fruitful contribution, by any standards. In the third category, the Grosser-Polansky-Lippitt report

on an experimental study of the phenomenon of "contagion" (which appeared in *Human Relations*, 1951) is clearly a significant item for a group-work anthology to-day. Wisely, too, Miss Sullivan has included Fritz Redl's "Group Emotion and Leadership" (from *Psychiatry*, 1942), and the Lewin-Lippitt-White "Patterns of Aggressive Behavior in Experimentally Created 'Social Climates'" (from the *Journal of Social Psychology*, 1939). Time has made clear the values of these last two papers, and it is good to have them in a more accessible place than the not always available volumes of journals.

One wishes that time had been allowed to test more of the material selected for this collection. The anthologist, unlike the journal editor, has time on his side. It is difficult to evaluate the fruitfulness of Cattell's recently developed concept of "group syntality" until further research in this framework appears; one wonders, therefore, why group workers should at this time find it in their "readings."

The unrepresentativeness of the recent sociological-anthropological material in this volume is unfortunate. Consideration of the May, 1939, issue of *The American Journal of Sociology* or of papers appearing in *Human Organization* might have helped remedy this deficiency.

Very little in this collection adequately integrates or even reflects the community and cultural factors in group-work practice, notable exceptions being Hazel Osborn's paper (*sup. cit.*) and Nathan E. Cohen's brief discussion of the editor's "x-factor" thesis. Nor, while some of the fragmentary items in this book repeat one another, is there a chapter on the relation of developmental psychology to group behavior. Either Edith Buxbaum's psychoanalytic approach to such material or an academic child psychologist's paper on the development of social behavior could have filled this niche.

Still, if this reviewer is somewhat less enthusiastic about *Readings in Group Work* than, in his jacket blurb, is Charles Hendry (who edited the unpretentious and spirited *A Decade of Group Work* some years back), it is not because Miss Sullivan has, by any means, failed to produce a collection of some lasting interest. In addition to the papers already cited, there are others of value by Saul Bernstein, S. R. Slavson, Gordon Allport, Kurt Lewin; a symposium on research in group work; two pieces by group dynamicists, one by a non-directive-ist; and a too brief item by a psychiatrist.

What is troubling is the unevenness of the collection, perhaps a result of the desire for inclusive coverage without sufficient attention to standards of significance. Until all items prove as promising as at least half of those in this book, such "readings" might more profitably remain thinner volumes. And until the best minds in this field can selectively and inventively weave together, with a clear and pene-

trating value-orientation for group work, the diverse frameworks for practice and research represented in this book, such "readings" will continue to be essential. This is likely to be true for many years to come.

HENRY S. MAAS.

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APPLICATIONS OF PSYCHOLOGY. Edited by L. L. Thurstone. New York: Harper and Brothers, 1952. 209 p.

This is a collection of eleven essays in honor of Walter V. Bingham, pioneer in initiating and promoting psychology as an applied science, through whose efforts the first department of applied psychology was organized at the Carnegie Institute of Technology in 1915.

The major group of these essays is concerned with problems in selection. The first is by F. L. Wells, on who should be at Harvard. Succeeding contributions are by Edward K. Strong, on the appraisal of vocational interests; by Marion A. Bills, on interests in selecting men for the life-insurance business; by Edwin A. Lee, on the selection of teachers; by Glen U. Cleeton, on clinical methods in personnel selection; and, finally, there is an appraisal by John M. Stalnaker of a national scholarship program. The remainder of the series is made up of a historical summary by Leonard Ferguson; Thurstone's paper on the problems of studying creative talent experimentally; essays on military applications of psychological principles, by John Flanagan; attitude appraisals in the study of industrial morale, by Bruce V. Moore; and a theoretical paper, by J. P. Guilford, on the appraisal of interests and temperament.

Readers of this journal whose interests do not include problems of selection are not likely to be intellectually enriched by a reading of this book, since the scope of the volume is quite narrow and will probably be a disappointment to those who get it because of the broad view implied by the title.

SIDNEY YUDIN.

Neuropsychiatric Institute, Ann Arbor, Michigan.

NOTES AND COMMENTS

THIRTIETH ANNUAL MEETING OF THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION

The Thirtieth Annual Meeting of the American Orthopsychiatric Association was held at the Hotel Statler in Cleveland, Ohio, February 23-25. Some 1,300 persons attended the various sessions.

“Orthopsychiatry and Education” was the theme of the general session that opened the meeting. President Morris Krugman, Assistant Superintendent, Board of Education New York City, took as the subject of the presidential address “Education’s Debt to Orthopsychiatry.” Other speakers at the session were James Marshall, former president of the New York City Board of Education, who spoke on “Children in the Present World Situation”; and Otto Klineberg, Ph.D., of the Department of Psychology, Columbia University, who discussed “Cultural Factors in Personality Adjustment of Children.”

The papers presented at the sessions that followed were classified under a number of general headings—*Sociology*, *Psychotherapy*, *International Forum*, *Orthopsychiatry at the Community Level*, *Case Workshops*, and so on—and the papers under a given heading were spaced throughout the three days instead of all being grouped together on one day. This arrangement was made, the program explained, in order to permit persons able to attend the convention for only one or two days to attend a variety of types of meeting, instead of being confronted with a full day devoted to only one subject. Also, by offering sessions on the same subject on different days, it helped to solve the dilemma of those who were interested in two subjects presented at sessions that conflicted in time.

Another innovation was the limiting of prepared discussions to one for each manuscript.

There were two audio-visual programs at which selected mental-health films were shown; and at one of the evening meetings a play was presented—*Louder Than Words*, by Eleanor Bayer—which demonstrated the successful handling, through the clinical teamwork of a psychiatrist, a psychologist, and a case-worker, of a tangled-up family situation. This play was originally performed at the Silver Anniversary Meeting of the Cleveland Guidance Center in 1952.

Other special events were a “Dutch Treat” highball party and a dance.

The officers elected for the coming year are: president, Hyman S. Lippman, M.D.; president-elect, Simon H. Tulchin; vice president,

Jean W. MacFarlane, Ph.D.; secretary, Exie E. Welsch, M.D.; and treasurer, William S. Langford, M.D.

The Thirty-first Annual Meeting will be held in the New Yorker Hotel, New York City, February 11-13, 1954.

THE NATIONAL COMMITTEE ON ALCOHOLISM HOLDS ANNUAL MEETING

"What can I do for my alcoholic?" "Where can I go for help?" "How can we all help alcoholics?" were the questions that The National Committee on Alcoholism set out to answer at its 1953 Annual Meeting, held at the Hotel Statler on March 6.

The program included two sessions of papers and discussions and a luncheon meeting. The speakers at the morning session were: Marvin Block, M.D., of the Buffalo Medical School, Chairman of the Erie County Medical Society's Committee on Alcoholism; Robert Fleming, M.D., Director of the Alcohol Clinic of Peter Bent Brigham Hospital, Boston, and a member of the Subcommittee on Alcoholism of the World Health Organization; Arnold Z. Pfeffer, M.D., assistant clinical professor of psychiatry at the New York University School of Medicine and in charge of the New York University Hospital Clinic for Alcoholics; and "J.P.L." of Philadelphia. Dr. Block spoke on "The Doctor Helps"; Dr. Fleming on "The Hospital Helps"; Dr. Pfeffer on "The Clinic Helps"; and J.P.L. on "Alcoholics Anonymous Helps."

The feature of the luncheon meeting was an address by Dr. Norman Vincent Peale, minister of the Marble Collegiate Church, New York City, and author of *A Guide To Confident Living* and *The Power of Positive Thinking*.

At the afternoon session, Mrs. Elizabeth Whitney, Executive Director of the Boston Committee on Alcoholism, spoke on "An Information Center at Work"; Mr. William B. Smathers, Vice President of Rollway Bearing Company, Syracuse, and President of the Onondaga Committee on Alcoholism, on "How a Local Committee Develops"; Mr. Edward L. Parker, Executive Secretary of the Family Service Bureau, Newark, and a member of the Essex County Committee on Alcoholism, on "Other Agencies Help"; the Reverend John Van Dyk, Rector of St. Paul's Episcopal Church, Morris Plains, New Jersey, on "The Church Helps"; and Mrs. Marty Mann, Executive Director of The National Committee on Alcoholism and author of *Primer on Alcoholism*, on "Teamwork."

ANNUAL CONFERENCE OF CHILD STUDY ASSOCIATION OF AMERICA

"Personal Growth and the Pressure to Conform" was the general theme of the 1953 Conference of the Child Study Association of America, held at the Hotel Statler, New York City, on March 2. The

choice of this theme for discussion by a child-study organization was explained on the conference program:

"Family life flourishes best when the temper of society is relatively serene. Undisturbed by constant upheavals, parents and children are given time to learn from one another how best to live in a society based on man's capacity to govern himself. Together they foster respect for the needs of each other and encourage responsible self-discipline. By balancing personal goals with the needs of the group, they are able to move toward mature ways of living.

"But when, as is true to-day, the outside world gets out of balance, the family is in danger of losing its bearings. Its members may veer toward pursuit of self-interest or go too far in yielding to demands for conformity.

"Everywhere we encounter pressures to accept what is generally accepted, to bury our doubts and questions, to leave off learning and growing, and increasingly to give ground to authority. To some extent, people must always subordinate personal interests to the larger aims of the group, but this may bring about a distortion of social values that will tend to destroy individual freedom and creativity.

"This pressure to conform invades our homes to-day. Gradually we are bargaining away our traditional right to choose our own goals and standards and are succumbing too easily to the sanctions and purposes of the crowd.

"How can we maintain our way of life in the face of these dangers? How can parents protect all they most value and still keep alive the spirit of free inquiry and individual independence? How can they nourish their own and their children's aspirations, yet remain realistic? Will they be able to pursue their own generous impulses to take part in vital personal and social issues, despite the pressure to conform?

"These are difficult questions. We believe they can be answered if, as individuals, family members, and citizens, we keep clear the full meaning of responsive and responsible freedom."

At the morning session—on the theme, "The Struggle Toward Personal Integrity"—Buell G. Gallagher, Ph.D., President of the College of the City of New York, and Fritz Redl, Ph.D., professor of social work at Wayne University, Detroit, discussed the threat to human values and social principles in our culture to-day; the effect upon the younger generation of the open conflict between individual freedom and social conformity; and the ways by which parents can gain and maintain their personal integrity.

Leo Bartemeier, M.D., associate professor of psychiatry, Wayne University Medical School, was the speaker at the luncheon session, the subject under consideration being "The Family's Rôle in Personal Growth."

At the afternoon session—on "How Do Parents Learn?"—Jerome D. Frank, M.D., associate professor of psychiatry at Johns Hopkins University, and Nelson N. Foote, Ph.D., Director of the Family Study Center, University of Chicago, took up such questions as: What

knowledge is available to parents to help them in their growth toward mature parenthood? What blocks may affect this learning process? What climate is most favorable to change?

A more extensive discussion of the same subject—how parents learn—was held on March 3 in an all-day conference for workers in parent education.

CONFERENCE ON VOCATIONAL REHABILITATION OF THE MENTALLY ILL

Vocational rehabilitation of the mentally ill is gaining increasing support and coöperation from employers, according to a report issued at the end of a two-week institute for the vocational rehabilitation of the mentally ill, held in January at Teachers College, Columbia University.

Sponsored by the Federal Security Agency, the institute was conducted by the Department of Guidance at Teachers College under a grant from the National Institute of Mental Health. The purpose of the meeting was "to develop an awareness of the value of vocational rehabilitation of neuropsychiatric patients and to enable the institute participants to return to their positions with greater skill and understanding."

The conference was attended by twenty-four state counselors and rehabilitation supervisors from sixteen states and Puerto Rico. The group represented hospitals and vocational-rehabilitation agencies in the New England states, New York, New Jersey, Virginia, West Virginia, North Carolina, Maryland, Delaware, Pennsylvania, Ohio, and Michigan.

"Although research and more knowledge are greatly needed in this field," the group reported, "the vocational rehabilitation of the mentally ill is now a practical reality in many states. This development is an important step in the conservation of human resources so critical in these times of world crisis."

While the trend of coöperation among employers is promising and should be encouraged, the report continued, there is still a need for a "general recognition of the problems of the mentally ill in our society."

To meet this need, the members of the institute urged greater support for "broad programs of public education aimed at removing the stigma attached to this group of citizens."

Emphasizing the importance of conferences of this kind, Dr. Richard H. Williams, an institute participant representing the National Institute of Mental Health, stated that "this institute has done much to assist vocational rehabilitation agencies in the difficult, extensive, and extremely important problems of helping people with emotional difficulties to become adjusted and effective citizens in their communities."

Recommending that similar institutes be offered to all professional members of state vocational-rehabilitation staffs, the participants reported that the two-week conference "has served a basic need for understanding problems and processes of rehabilitation of the mentally ill.

"It has also pointed up the need for a greater exchange of factual information between the psychiatric and occupational-therapy services and community agencies involved in the team approach to the rehabilitation of these people."

The institute was coördinated by Dr. Paul Eiserer, Dr. Charles N. Morris, and Dr. Albert S. Thompson, professors of guidance at Teachers College.

TENTH ANNUAL READING INSTITUTE OF TEMPLE UNIVERSITY

The Temple University Tenth Annual Reading Institute was held in Philadelphia during the week of February 2-6, 1953. The delegates who attended the meetings—classroom teachers, school administrators, psychologists, and vision and reading specialists—represented thirty-five states, Canada, and Norway. This group was one of the largest ever to attend these annual conferences.

Throughout this year's session, emphasis was placed upon basic considerations in the organization of effective reading programs for the development of reading skills in all areas of instruction at every school level. The conference was under the direction of Dr. Emmett A. Betts, of the Temple University Clinic staff, and such visiting lecturers as Dr. Israel Dvorine, of Baltimore, Dr. Daniel Prescott, of the University of Maryland, Dr. William Sheldon, of Syracuse University, and Dr. Paul Witty, of Northwestern University. Under the guidance of these specialists, conferees were trained in practical classroom techniques for the teaching of reading and the correction of reading difficulties. Laboratory sessions were provided to give delegates an opportunity to practice certain of these techniques under the supervision of trained specialists.

Perhaps the most significant single feature of the week's program was the outstanding address delivered by Dr. Paul Witty at the Thursday evening banquet sponsored by the Temple University Chapter of Phi Delta Kappa. Dr. Witty discussed "Some Characteristics of a Balanced Reading Program," and emphasized the need, in a developmental reading program, of specific attention to the fostering of interest in and taste for a wide range of children's literature. He pointed out the value of developing, in those who are preparing to teach, a love of literature that may be transmitted to the children whom they will be meeting in their classrooms.

The Temple University Reading Clinic has announced that

"Differentiated Guidance" will be the theme for the 1954 institute program. This session is scheduled for the week of January 25-29, 1954. A copy of the complete program will be available in November of this year. Those interested in securing advance information about the 1954 program should write to Dr. Emmett A. Betts, The Reading Clinic, Temple University, Philadelphia 22, Pennsylvania.

CONFERENCE OF COMMUNITY WELFARE COUNCIL LEADERS

The first Conference of Community Welfare Council Leaders, held in Cleveland, January 8-9, 1953, exceeded expectations in attendance and vitality. Three hundred and sixty-three leaders from 130 communities, more than three-quarters of whom were volunteers, attended and participated enthusiastically in round-table discussions.

Outstanding talks were given by Julian Freeman, of Indianapolis, a business man whose avocation is community service; Governor Lausche, of Ohio; Commissioner Valdo Getting, of Massachusetts; and many others.

At the final luncheon, presided over by Louis Seltzer, conference chairman and editor of the Cleveland *Press*, a demand was made for repeat performances in the future. This brought from the Three C.'s officials present an expression of hope that such a meeting of laymen concerned with year-round community planning might be scheduled every other year, alternating with the C. C. C. biennial convention.

A feature of the conference was the announcement of the 1953 Red Feather Award. It was presented by H. J. Heinz II, C. C. C. president, to Edward L. Ryerson, Chairman of the Board of Inland Steel, long-time leader in Chicago and national community-service activities.

ARKANSAS PSYCHIATRIC TECHNICIANS SECURE LICENSURE

When, on February 25, 1953, Governor Francis Cherry affixed his signature to H. B. #363, Arkansas became the first state in the nation to enact legislation providing for the registration and licensure of psychiatric technicians employed in the treatment and care of the mentally ill. The bill empowers the governor to create a board of psychiatric-technician examiners, and stipulates that it shall be comprised of one psychiatrist, one registered nurse, and four licensed psychiatric technicians who meet certain specific qualifications. This board shall be vested with the sole responsibility of prescribing minimum standards for, and giving accreditation to, schools that offer training for psychiatric technicians; of establishing minimum qualifications for the eligibility of persons seeking such licensure; of formulating and conducting examinations of persons applying for such licensure; of issuing, suspending, and revoking licenses, and issuing

special permits as defined in the bill; and of determining and enforcing such other provisions as are authorized in the bill.

The bill specifies that minimum qualifications for licensure shall include that the applicant be at least twenty-one years of age, a citizen of the United States and a resident of the state of Arkansas, of good moral character, and in good physical and mental health, and shall have acquired a high-school education or the equivalent thereof, and have completed a course of study in an accredited school of psychiatric technicians that offers not less than two years of training. It also includes a definition of the psychiatric technician's function and stipulates who may engage in the practice and use the title.

The bill was introduced by Representative J. A. Gipson, of Saline County, and passed both houses of the legislature by unanimous vote. In presenting his argument for the bill Representative Gipson pointed out that such provision for the services of better trained psychiatric technicians would enable the restoration to health of an increased number of mentally ill patients and their return to a productive place in society. "Such a result," he explained, "will, of course, lighten the tax load formerly required for non-therapeutic, purely custodial care of the mentally ill."

The bill was sponsored by the Arkansas Psychiatric Technicians' Association, organized last fall by graduates of the two-year psychiatric-technician training program which was inaugurated at the Arkansas State Hospital in 1949. Officers of the association are Mrs. Marie Noll, president; Mrs. Della A. Anderson, vice president; and David J. Darma, secretary-treasurer; and its board of directors includes Mrs. Estella R. Brown, Miss Johnnie Finley, Mr. A. J. Noll, and Mrs. Thelma T. Sullivan.

A SCHOOL FOR EMOTIONALLY DISTURBED CHILDREN OPENS IN BROOKLYN

A school for children to whom the doors of public schools are closed has been opened in Brooklyn, N. Y., because of the faith of a handful of parents that successful treatment can be found for one of the most baffling of all diseases.

The school's initial "student body" consists of eight boys and girls, aged six to twelve, all seriously disturbed. Because not too much is known about the educability of such children, the "curriculum" will be flexible. The most definite elements of the experimental school will be an atmosphere of warmth and love and the skill and devotion of specially trained teachers, working under psychiatric guidance. Dr. Grace Abbate will be the psychiatrist.

The eight young pioneers who are launching the school, like thousands of other such youngsters throughout the nation, are among the most unfortunate of all handicapped children. These children are

not mentally retarded—often they are of superior intelligence, with rich artistic and musical talents—but they live in a bewildering world of their own, far apart in mind from all that is around them. They are unable to relate adequately to other people and things. They are uncertain about their own identity and confused in their thinking and feeling about the world outside.

Many of these emotionally ill children cannot speak at all. Those who do use a language that is often retarded or irrational. Their weird gibberish is usually rather an expression of anxiety than a means of communication. Their responses and other behavior are bizarre, usually having little relation to the real world about them.

Psychiatry and psychology, which have made impressive strides in other fields of mental illness, frankly admit that they are stumped by this childhood illness. Some research is now under way, though only a fraction of what is being done in the case of other childhood afflictions. But most scientists fear that at the present rate of research, the discovery of a cause or cure for the strange malady of these disturbed children is still a long way off.

Public schools make no provision for these children, and few institutions, public or private, attempt to treat them. Staff members of the new school are hopeful that they will be able to work out methods for dealing with such children that will eventually be adopted by public schools.

The school will keep close track of changes in the social, emotional, and adaptive behavior of the children. Its findings, it is hoped, will furnish new leads for future research that will advance science's present scant knowledge of this childhood disturbance.

The new center will be operated with the aid and under the guidance of the League for Emotionally Disturbed Children, which, as funds become available, will take over direction of the school and eventually make possible admission of many of the hundreds of similar children in the area who are now untreated.

The league is made up of New York, New Jersey, and Connecticut parents and friends of these disturbed children, with an advisory board of outstanding psychiatrists, psychologists, educators, and social workers.

The league is raising funds to provide partial scholarships for children whose parents cannot afford to pay the full tuition.

The League School is located at 134 Sterling Street, Brooklyn, N. Y.

PATIENTS IN STATE AND COUNTY MENTAL HOSPITALS

The number of patients in state and county mental hospitals has continued to increase, according to preliminary information on the annual census for 1950 compiled by the Public Health Service of the

Federal Security Agency. The census is based on reports submitted to the National Institute of Mental Health by 201 state and 112 county mental hospitals.

A total of about 600,000 persons were under the supervision of these hospitals in the United States at the end of 1950, the census report indicates, as compared with slightly over 580,000 in 1949.

This increase in mental-hospital patients may involve other factors than an increase in the incidence or prevalence of mental illness, as Dr. R. H. Felix, Director of the National Institute of Mental Health, points out. The increase might also be due to growth of the general population, increase in facilities for caring for mental patients, earlier admission of patients through improved diagnostic methods, hospitalization of patients who previously were receiving no treatment, or any combination of these factors.

The average rate of first admissions to public mental hospitals in 1950 was reported as 72.8 per 100,000 estimated civilian population. The rate for all admissions was 97.3. The average rate of discharges from these hospitals per 1,000 patients on the books was 148.5. The death rate was 63.8 per 1,000 patients under treatment during the year.

On any average day in 1950, slightly over 500,000 patients were in residence in these institutions, the report reveals. Thus, for every 1,000 persons in the population, approximately 3.5 were hospitalized on any given day.

The average annual per capita maintenance expenditure for the United States was \$773.43, or \$2.12 per patient per day, and the median expenditure was \$684.07, with a range from a low of \$370.00 to a high of \$1,557.62.

The report is entitled *Patients in Public Hospitals for the Prolonged Care of the Mentally Ill, 1950*, Mental Health Statistics Current Reports, December 1952. Copies may be obtained without charge from the National Institute of Mental Health, Bethesda 14, Maryland.

MICROVOLTMETER AN AID IN DIAGNOSIS OF SCHIZOPHRENIA

The results of a microvoltmeter test are now being used along with other clinical findings to detect schizophrenia, according to a recent report by Dr. Leonard J. Ravitz, associate in psychiatry at Duke University.

"We can definitely diagnose the changing degrees of mental disturbance," Dr. Ravitz declared at a joint meeting of the American Association for the Advancement of Science and the American Psychiatric Association. "The test appears to be to psychiatry and psychology what the sedimentation rate is to tuberculosis."

A specially designed electronic voltmeter which measures the voltage

difference between the head and any other point on or within the body is the key to Dr. Ravitz's recent electronic experiments in psychiatry. His work is based on the fact that each of us, like a battery, gives off electrical waves. Over a four-year period, he has been measuring these "electrical potentials" in insane and normal persons.

"The test helps us pick out the schizophrenics," he explained, "by recording consistent deviations outside the normal range." In a series of 100 cases, he has shown that doctors are able to pick out the emotionally unstable, which may aid greatly in deciding when treatment should begin.

In addition to being a diagnostic aid, Dr. Ravitz said, the test also serves other purposes. For instance, it is a gauge of a patient's improvement, whether it is "spontaneous" or from some form of therapy, such as psychotherapy, carbondioxide, or other somatic treatment. It can be used, too, as a method of gauging changes in the emotional state of a patient. With improvement, the potentials decrease; they rise with an aggravation of symptoms.

Another use of the test is in the follow-up of patients after the completion of their treatment.

The test might serve "as a guide to predicting in a general way periods in which individuals will be least capable of coping with stress and strain," Dr. Ravitz said, and might also make it possible "to detect large masses of emotionally unstable individuals, for example, in the armed forces."

After a personality has been thoroughly studied, according to Dr. Ravitz, one can predict in a general way the most abnormal reactions over a short period of time. These reactions will be based on each person's individual personality make-up.

Every one seems to have similar rises and falls of potential at about the same time, Dr. Ravitz pointed out. This shows that other factors may also be operating which periodically produce general unrest and may set off and heighten emotional disturbances provided these are already present, thus producing an exaggeration of response peculiar to each individual's personality make-up.

There seem to be an almost limitless number of cycles within a twelve-month period, the doctor stated. The most pronounced seem to be the lunar and seasonal variations. Mental illness and emotional disturbances, although due to a complex combination of innumerable factors, appear to have a rhythm. The rhythmic factor, however, makes itself felt only when combined with other causes.

Periodic aggravations of mental symptoms may occur on any day, according to the net effect of all the forces acting upon or within the individual.

AMERICAN ACADEMY OF CHILD PSYCHIATRY ORGANIZED

The new medical society, the American Academy of Child Psychiatry, the preliminary announcement of which appeared in the July, 1952, issue of *MENTAL HYGIENE*, has been formally organized by a group of approximately one hundred child psychiatrists. At a meeting held at the Statler Hotel in Cleveland on February 22, 1953, the following slate of officers was elected: president, George E. Gardner, M.D., Boston, Massachusetts; president-elect, Fred Allen, M.D., Philadelphia; secretary, Frank J. Curran, M.D., Charlottesville, Virginia; treasurer, Mabel Ross, M.D., New York City. Council members are: Edward Liss, M.D., New York City, and Othilda Krug, M.D., Cincinnati, elected for one year; James Cunningham, M.D., Detroit, and Cotter Hirschberg, Topeka, Kansas, elected for two years; and Hyman Lippman, M.D., St. Paul, and Stanislaus Szurek, M.D., San Francisco, elected for three years.

As stated in the preliminary announcement, membership in the academy is limited to physicians who are members of the American Psychiatric Association and who have had at least two years of training in a clinic setting deemed adequate to give training in child psychiatry. A member must have had at least five years of experience in child psychiatry after the completion of his training period. In addition, he must demonstrate, at the time of invitation to membership, that his chief professional interest and activity are in the field of child psychiatry.

COUNCIL ON PSYCHIATRIC AND MENTAL-HEALTH NURSING AUTHORIZED

The following announcement appears in the Winter, 1952-1953, issue of the *National League for Nursing News*:

"It is estimated that 52 per cent of the patients occupying hospital beds in the United States are in hospitals for the mentally ill, but only 3 to 5 per cent of the nurses employed in hospitals are currently working in psychiatric institutions. Some mental hospitals that house several thousand patients have as few as one, two, or three registered nurses on the staff. All in all, there are about 10,000 nurses and 90,000 attendants employed in psychiatric facilities.

"These facts make us realize that much of the nursing care of the mentally ill is in the hands of untrained or partially trained persons receiving no—or at best very little—nursing supervision. Nursing is recognizing the need to remedy this situation and to find ways of meeting its obligations to the mentally ill more adequately than at present. Nursing is also recognizing the importance of doing its share in promoting better mental health.

"As one means of presenting a concerted attack on the problems in psychiatric and mental-health nursing, the Board of Directors of the National League for Nursing has authorized a Council on Psychiatric and

Mental Health Nursing—the first interdivisional council of N.L.N. individual members to be organized. All those interested are invited to join—not only psychiatric and mental-health nurses, but nurses in other fields and persons who are not nurses. There are no extra dues for membership in a council. Simply indicate your interest in becoming a member of the council when you join the National League for Nursing for 1953."

NEW EMPLOYMENT SERVICE AVAILABLE AT NATIONAL CONFERENCE OF SOCIAL WORK

A new employment service for the field of social welfare will be available at the annual meeting of the National Conference of Social Work in Cleveland, May 31-June 5, 1953. A job clearing-house will be set up in the main exhibit hall near the registration counters in the public auditorium. This will be a nation-wide service manned by employment specialists, sponsored by the U. S. Employment Service in coöperation with state employment services, at the request of the National Conference of Social Work and the National Social Welfare Assembly.

All agencies and organizations that seek personnel and that plan to send a representative to Cleveland should file their requests with a local office of the state employment service. Such requests will be sent to the employment headquarters at the annual meeting in Cleveland. Representatives of such agencies who are attending the annual meeting should check in at the employment headquarters as soon as possible on arrival in Cleveland. Agencies that cannot file requests in advance may file them on arrival in Cleveland.

All individuals who are seeking positions and who plan to attend the annual meeting should file applications with their local state employment service in advance if possible. These applications will be sent to the employment headquarters at the annual meeting in Cleveland. If applications cannot be filed in advance they should be filed on arrival in Cleveland. All individual applicants should check in at the employment headquarters as soon as possible after arrival in Cleveland. Only individuals who attend the annual meeting will be served by employment headquarters in Cleveland.

The closing date for the advance filing of job orders and applications in local state employment-service offices is May 15, 1953. After that they must be filed personally at employment headquarters in Cleveland. Employment headquarters will open at the annual meeting at 9:00 A.M. Sunday, May 31, 1953.

Experienced employment-service interviewers will be available at employment headquarters to bring together interested applicants and agency representatives who have listed vacancies. This new service is being set up on an experimental basis. It in no way conflicts with the

interests and services of those national agencies that are now conducting employment services. It is hoped that the new service will assist every one interested in personnel placement.

WORKSHOPS AND COURSES OFFERED

The Institute of Pastoral Care has announced that summer courses of six or twelve weeks in clinical pastoral education are being offered at the following training centers: University Hospital, Ann Arbor, Michigan, Chaplain Supervisor, Malcolm B. Ballinger; Massachusetts General Hospital, Boston, Massachusetts, Chaplain Supervisor, James H. Burns; Miami Valley Hospital, Dayton, Ohio, Chaplain Supervisor, James E. Flinchbaugh; Medfield State Hospital, Medfield, Massachusetts, Chaplain Supervisor, Judson D. Howard; Boston State Hospital, Boston, Chaplain Supervisor, Robert C. Leslie; Tewksbury State Hospital and Infirmary, Tewksbury, Massachusetts, Chaplain Supervisor, Otis A. Maxfield; Emanuel Hospital, Portland, Oregon, Chaplain Supervisor, H. George Randolph; and Worcester State Hospital, Worcester, Massachusetts, Chaplain Supervisor, John I. Smith.

The Institute of Pastoral Care has four primary objectives in its clinical training program:

"1. To enable the student to gain a fuller understanding of people, their deeper motivations and difficulties, their emotional and spiritual strengths and weaknesses.

"2. To help the student discover more effective methods of ministering to individuals and groups and to intensify his awareness of the unique resources, responsibilities, and limitations of the clergy.

"3. To help the student learn to work more co-operatively with representatives of other professions and to utilize community resources which may lead toward more effective living.

"4. To further the knowledge of problems met in pastoral care by providing opportunities for relevant and promising research."

Training programs have been established in institutions that have competent pastoral supervision and contributing professional personnel, and that maintain treatment programs, and more such centers will be opened as these requirements are met.

At each center the chaplain supervisor is in charge of all instruction, assisted by as many qualified associates as the enrollment may require. The ratio is five or six students per leader. Guest lecturers from the institution and its community are invited to participate in the seminars. The programs at the centers vary in content, depending upon the nature of each institution, but all utilize the clinical approach of actual work with people under pastoral supervision, such work being recorded and submitted to the chaplain supervisor and his associates

for constructive evaluation and class instruction. Selected books and articles are assigned for reading and review, and ample opportunity for personal conferences is provided. The daily schedule requires approximately eight hours of attendance at the training center.

All applicants must be enrolled in or alumni of seminaries or other accredited religious training school, or shall have had a minimum of three years of professional religious work or present other similar qualifications. Ordinarily not more than one-third of the total enrollment in any session shall be from one denomination or faith.

Application forms may be secured by writing directly to the chaplain supervisor of the institution in which enrollment is desired. A deposit of \$5.00, which is later applied to the tuition course, must accompany the application. The tuition charge at each center is \$60.00 for a six-weeks and \$120.00 for a twelve-weeks course.

A two weeks' work conference for nurses, on "Current Concepts of Venereal Disease Control," to be held at the University of Pennsylvania School of Nursing in Philadelphia from May 25 through June 6, has been announced by the Public Health Service's Division of Venereal Disease.

The conference is open to nurses and to instructors in schools of nursing throughout the United States and will be conducted by the Pennsylvania School of Nursing, with the coöperation of the Institute for the Study of Venereal Diseases, also of the University of Pennsylvania, and the Public Health Service, Federal Security Agency.

All aspects of venereal-disease control, including diagnosis, treatment, epidemiology, program planning, and administration, will be covered in the schedule. No tuition fee will be required for participation and two credit hours will be granted. All applications should be directed to Miss Theresa Lynch, Dean, School of Nursing, University of Pennsylvania, 3629 Locust Street, Philadelphia 4, Pennsylvania.

Similar work conferences held in other sections of the country during the last few years have been largely attended and enthusiastically received by members of the nursing profession, according to Dr. James K. Shafer, Acting Chief of the Division of Venereal Disease.

Additional conferences at the University of Pennsylvania School of Nursing will be arranged later on during the year to accommodate applicants who, because of enrollment limitations, cannot participate in the course starting in May.

The Second Annual Workshop on Special Education of the Exceptional Child will be held at the Catholic University of America, from June 12 to 23.

Catholic educators are concerned about the large increase in the

number of handicapped children seeking admission to parochial schools. Teachers are being trained and plans are being made to accommodate some of the 12.4 per cent of the school population who are either physically or mentally handicapped.

Lectures, discussions, and seminars will be held on the mentally retarded, the cerebral palsied, the deaf and hard of hearing, the blind and partially seeing, the socially maladjusted, the speech defective, the undervitalized, the gifted, and on remedial reading, occupational therapy, tests and measurements, guidance, and arts and crafts.

After the workshop there will be a summer course for teachers of the blind and the partially seeing from June 29 to August 8. Reverend William F. Jenks, C.S.S.R., is in charge of the special-education programs at the Catholic University.

Based upon seven years of pioneering research and experience in the relatively new field of training leaders in the skills and understandings necessary for developing effective groups, the National Training Laboratory in Group Development will hold its usual three-week summer laboratory session at Gould Academy, Bethel, Maine. The dates will be from June 21 through July 11.

Approximately 110 applicants will be accepted for this session. Persons involved in problems of working with groups in a training, consultant, or leadership capacity in any field are invited to apply.

The purpose of the training program is to sensitize leaders in all fields to the existence and nature of the dynamic forces operating in the small group and to help them gain skill in operating more effectively in such a group. The training program is organized so that each trainee group of from 15 to 20 persons is enabled to use its own experience as a laboratory example of group development. Group skills of analysis and leadership are practiced through the use of rôle-playing and observer techniques. Concentrated clinics give training in the skills of the consultant and the trainer in human-relations skills. There is also opportunity to explore the rôle of the group in the larger social environment in which it exists. Finally, a major portion of the last week of the laboratory is spent in specific planning and practicing the application of laboratory learning to back-home jobs.

The laboratory research program in group behavior and training methods is an important part of the training, and the use of research tools that are within the range of the laboratory training program is incorporated into the curriculum.

The National Training Laboratory in Group Development is sponsored by the Division of Adult Education Service of the National Education Association and by the Research Center for Group Dynamics of the University of Michigan, with the coöperation of faculty members

from the universities of Chicago, Illinois, California, Ohio State, Antioch College, Teachers College at Columbia University, and other educational institutions. Its year-round research and consultation program is supported by a grant from the Carnegie Corporation of New York. For further information, write to the National Training Laboratory in Group Development, 1201 Sixteenth Street, N.W., Washington 6, D.C.

Through the coöperation of several graduate departments, the University of Minnesota Summer Session will present a Family Life Workshop in the summer of 1953. The purpose of the workshop is to offer a synthesis of advanced practice at the graduate level for those now professionally engaged in family-life education—teachers, marriage counselors, social workers, public-health workers, research personnel, and others in the family life field.

Members of the leadership team are: Henry Bowman, professor of family life, Stephens College; Ralph Bridgman, Chief Marriage Counselor and Supervisor of Marriage Counseling, Court of Domestic Relations, Lucas County, Toledo, Ohio; Reuben Hill, research professor in family life, Institute for Research in Social Science, University of North Carolina; and Lester Kirkendall, associate professor of family life, School of Home Economics, Oregon State College.

The content of the workshop is being organized around four study areas—teaching, marriage counseling, research and evaluation, and community education and planning.

The workshop dates are July 6-24 inclusive. The university offers four quarter credits for those who wish graduate credit.

For further information write Mrs. Dorothy T. Dyer, Chairman, Family Life Program, 204 T.N.M., University of Minnesota, Minneapolis 14, Minnesota.

The Institute of General Semantics will hold its Tenth Summer Seminar-Workshop at Bard College, Annandale-on-Hudson, New York, August 15-30, 1953. An optimal post-session will be held from August 31 to September 3.

The workshop will offer intensive training in the theory and techniques of Alfred Korzybski's non-Aristotelian discipline as formulated in *Science and Sanity*, *Manhood of Humanity*, and so on. It will include a fundamental course for developing competence in the methodology of general semantics—for teaching, research, writing, etc.—and basic preparation in the application of the methods to problems of evaluation and communication in the sciences and arts, education, medicine, law, and other professions, business and industry, and personal living.

Admission requirements are flexible and scholarships are available. Teachers, research and other professional workers, university students, and former seminar registrants are eligible for a 50 per cent reduction in tuition charges. Early registration is requested as enrollment is limited. For application forms and further information, write Registrar, Institute of General Semantics, Lakeville, Connecticut.

ANNOUNCEMENTS OF MEETINGS

The National Council on Family Relations will hold its annual conference at the Kellogg Center for Continuing Education, East Lansing, Michigan, September 1-3, 1953. Further information may be obtained by writing to the National Council on Family Relations, 5757 South Drexel Avenue, Chicago 37, Illinois.

The 18th International Psycho-Analytical Congress will take place in London, at Bedford College, Regents Park, July 26-30, 1953.

CURRENT PUBLICATIONS

The Proceedings of the Fourth International Congress on Mental Health, held in Mexico City, December, 1951, have just been published in English and Spanish. The English edition is now available from the Columbia University Press, 2960 Broadway, New York 27, N. Y. The price is \$5.00 per copy.

Dr. Alfonso Millan, chairman of the program committee of the congress, has generously agreed to contribute the proceeds from the sale of the English edition to the World Federation for Mental Health.

How seemingly small, unresolved family difficulties eventually add up to multi-million-dollar burdens upon American communities, is stressed in an illustrated pamphlet, *The High Cost of Unhappy Living*, recently published by the Family Service Association of America, in coöperation with the United Community Defense Services.

In an appeal for early prevention of family troubles through the extension and strengthening of social-case-work services, the pamphlet describes the results of family unhappiness in everyday, human terms. It sees an enormous challenge to every community in such facts as these: death, desertion, disease, and divorce have left one-fifth of the children in the average American community fatherless; mental ill health is costing federal and state governments more than \$1,000,000,000 a year. Other huge social costs, springing largely from unresolved family problems, are represented by the million juvenile offenders apprehended by police each year and the often unnecessarily high turnover in jobs. Of the latter, Dr. William Menninger, internationally known psychiatrist, says: "Many surveys show

that 60 to 80 per cent of all dismissals in industry are due to social incompetence and only 20 to 40 per cent to technical incompetence."

Many families are able to work out personal problems without outside help and some family difficulties are almost impossible to prevent. *The High Cost of Unhappy Living*, however, presents stories of typical family breakdown to show that professional social-case-work services can often help to prevent personal failure and family disharmony, with tangible savings in community costs. The family worries of a machine operator, Henry Borich, for example, were responsible for the accident at the stamping mill that mangled his arm, shut down a section of a defense plant for half a day, and cost the public an estimated \$2,400 for hospitalization and financial assistance to the family over a period of six months. In contrast, a family case-worker was able to help the Cardwells repair a tottering marriage before any of the by-products of domestic bitterness—delinquency, divorce, desertion, or institutional care—were created. The cost of the counseling and prevention in this case was \$450 against the thousands such problems often ultimately cost the taxpayer.

Furthermore, family troubles cannot be measured in dollars alone, Clark W. Blackburn, General Director of the Family Service Association of America, points out.

"Besides the immediate personal suffering, the disruption of family life is likely to carry into the future the seeds of personal unhappiness," he says. "Children from a disorganized family tend to become poor parents and are less likely to become responsible citizens."

The High Cost of Unhappy Living, is directed primarily to leaders in communities, particularly defense areas, where social-case-work services are not yet organized. It explains the origin and functioning of family-service agencies already existing in hundreds of communities throughout the country. The facts it offers make it of interest to any one concerned with the prevention of family failure.

Single copies of the pamphlet can be obtained from the Family Service Association of America, 192 Lexington Avenue, New York 16, N. Y. at 25¢ per copy. As a participating member of the United Community Defense Services, the association offers special help in bringing case-work services to defense-affected communities.

A 30-page booklet, with the title, *The Child Entering Nursery School, A Study of Intake Principles and Procedures*, by Dr. Joseph Steinert, Ph.D., Mrs. Edith Atkins, M.D., and Mrs. Theresa Jackson, M.S., has been brought out by the Council for Child Development Center, 227 E. 59th St., New York, N. Y., at a price of 50¢ a copy.

The purpose of the study is to make the important transition from the shelter of his home to the new world of the nursery school a mean-

ingful and happy one for the child. It provides no pat formula, but it does represent the distillation of the experiences of the Nursery Consultation Unit of the Council for Child Development Center during a three-year study of nursery schools and the way they handled "one critical phase of nursery school experience—the beginning."

The center's consultation team, made up of psychiatrist, psychologist, social worker, pediatrician, and teacher, recognized that "entering nursery school is one of the first big steps for the young child in growing up. Whether he takes this step with eager anticipation or with anxiety and dread will depend upon the child's previous experiences, including the way in which he has been prepared for nursery school . . . and the way in which intake is handled by the school."

Entrance into nursery school means that "the care, education and social conditioning of the child are to be shared now by parents and teachers. This poses a challenge for every one concerned. At intake, the initial manifestations of this event are crystallized in the interaction between child, parent, and school." The team believes that "the gains in understanding the child, his needs and his potentialities that can be achieved during intake should lead to a more constructive nursery-school experience than would otherwise be possible."

The study high-lights the "emotional, psychological and educational dynamics inherent in the intake process," starting with the first contact between parent and school. In tracing the steps by which the child got to nursery school on that red-letter day of his entrance, the team considers the application for his admission and how it was handled by school and parent; the first interview with the parent; follow-up talks, if any; the child's pre-admission visit and what provisions were made for his observation at the time. Even the child whose application is rejected is considered in the study, for rejection, too, has its effect upon all concerned, as the team notes. In short, the application process must be viewed as a balancing of the needs of the child, his family, and the school community itself.

Once the application interview indicates that the child will probably fit into the nursery school, intake interviews should be scheduled, the center's team advises, "not to obtain a mass of information, but rather to gather only such pertinent data as will help prepare the school for the child's entrance . . . it should be relevant to those situations in the nursery school he will be expected to meet."

Family diet, sleep habits, sibling relationships, parental attitudes, all should have a bearing on the child's handling during his first days at nursery school. The study includes case histories to illustrate its recommendations in specific situations. Similarly, it considers at length the possibility of home visits during the intake study period, the pre-entrance visit of the child, and the adjustment period after admis-

tance, including separation from the mother and possible mother-teacher collaboration.

Of particular interest to nursery-school directors and board members is the discussion of the rôles of the various members of the nursery-school staff in the intake process, from director, teacher, and social worker to nurse, pediatrician, child psychologist, and child psychiatrist, where indicated.

At the request of the Special Juvenile Delinquency Project of the Children's Bureau of the Federal Security Agency, a committee of the National Social Welfare Assembly has prepared a short report or statement on the relationship of the police to social agencies in dealing with juvenile delinquents. This statement has been issued in pamphlet form under the title, *Juvenile Delinquency and the Relationship of the Police to Social Agencies*. Pointing out that in the effort to cope with juvenile delinquency, the police and the social agencies have had to enter into a relationship for which both require preparation, the statement goes on to discuss what the social agencies—administrators and workers—need to know and to do in order to make their partnership with their local police effective.

Copies of the pamphlet are available at the office of the National Social Welfare Assembly, 1790 Broadway, New York 19, N. Y., at 15¢ a copy, or 12¢ apiece for five copies or more.

